



128 Bucksport Road
Ellsworth, Maine 04605
207-667-6300
<http://www.coastaleyecare.net>

Lawrence Piazza, M.D.
Walter N. Muth, M.D.
Isaac J. Rudloe, M.D.

Dear _____,

Thank you for choosing Coastal Eye Care, P.A. for your eye care needs. The doctors and staff are committed to providing superior, cost effective medical and surgical eye care with compassion and attention to quality. We look forward to seeing you on _____ at _____ in our Ellsworth office. Please arrive 15 minutes early to allow time for registration prior to your exam. Directions to our offices are located in this packet. You will receive a reminder call two to three days prior to your appointment. If you will be unable to keep your appointment, please call our office at (207) 667-6300 as soon as possible to reschedule. Thank you in advance for your cooperation.

Please take time to review the enclosed information. **You will find forms which need to be completed and brought with you the day of your exam. In addition, please bring your insurance cards and a photo i.d.** Any patient balance not covered by your insurance policy is expected to be paid in full at the time of service. We accept MasterCard, Visa, personal checks, and Care Credit.

Also included is a copy of our office's policies and privacy statement. We ask you read these carefully and feel free to call us if you have any questions. You should be prepared to have your eyes dilated as part of your exam (you may want to have a driver) and plan on spending at least one hour at the office. The length of your visit could be longer depending on tests or treatments performed during your exam.

We hope you find this information helpful,

The Doctors and Staff at Coastal Eye Care, P.A.

Please see other side or next attachment for: Driving Directions.



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DRIVING DIRECTIONS

From the North: (Aroostook, Somerset, Piscataquis, & Penobscot Counties)

Take I-95 South (Bangor.)

Merge onto I-395 East/Exit 182A (US-1A/Bangor/Brewer/ME-9.)

Take Exit 6A (Coastal Route/US-1/Ellsworth/Bar Harbor.)

Turn Right onto Main Street/US-1/ME-3. Go over the bridge and stay in the right lane. 128 Bucksport Road/Coastal Eye Care is on the Left at the top of the hill where the lanes merge. (If you reach Christian Ridge Rd on the right, you've gone too far.)

From the South/West: (York, Cumberland, Oxford, Androscoggin, Franklin, Kennebec, Lincoln, Knox, & Waldo Counties)

Take I-95 North (Portland/Augusta/Waterville/Bangor.)

Merge onto I-395 East/Exit 182A (US-1A/Bangor/Brewer/ME-9.)

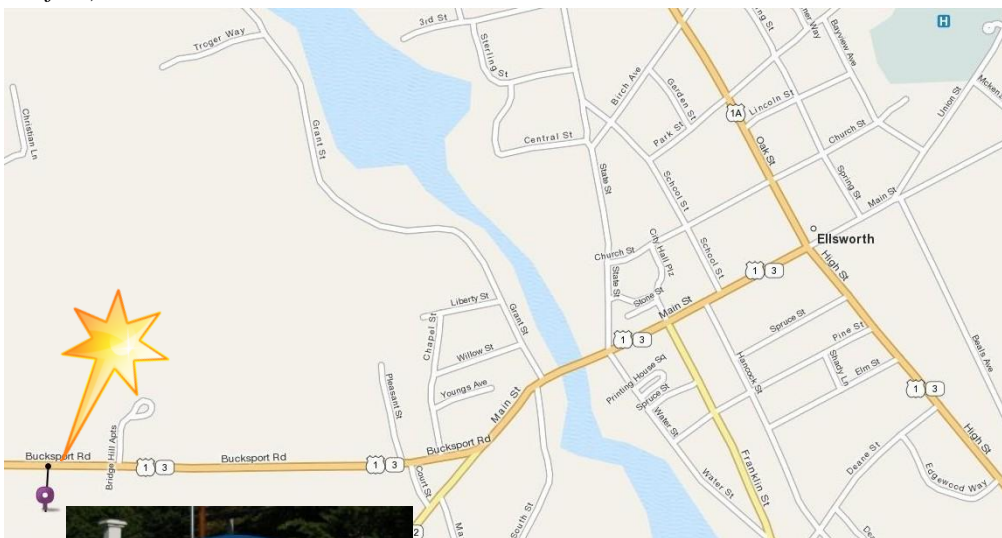
Take Exit 6A (Coastal Route/US-1/Ellsworth/Bar Harbor.)

Turn Right onto Main Street/US-1/ME-3. Go over the bridge and stay in the right lane. 128 Bucksport Road/Coastal Eye Care is on the Left at the top of the hill where the lanes merge. (If you reach Christian Ridge Rd on the right, you've gone too far.)

From the East (Washington County):

Take US-1/US-1A to Ellsworth.

Turn Left onto Main Street/US-1/ME-3. Go over the bridge and stay in the right lane. 128 Bucksport Road/Coastal Eye Care is on the Left at the top of the hill where the lanes merge. (If you reach Christian Ridge Rd on the right, you've gone too far.)



The following websites will provide you with, door-to-door, driving directions:

<http://www.aaa.com/>

<http://www.mapquest.com/>

<http://www.randmcnally.com/>

<http://maps.yahoo.com/>

If you need additional driving directions, please call our office.



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PATIENT REGISTRATION SHEET

PATIENT NAME: _____ MALE FEMALE

PATIENT'S PREFERRED NAME OR NICKNAME: _____

PARENT OR GUARDIAN'S NAME IF PATIENT IS UNDER 18: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

SINGLE MARRIED DIVORCED WIDOW/WIDOWER OTHER

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

*** CHECK YOUR PREFERRED MEANS OF CONTACT – PLEASE CHECK ONLY ONE ***

HOME: _____ WORK: _____

CELL: _____ E-MAIL: _____

ALTERNATE CONTACT NAME _____ PHONE NUMBER _____

RELATIONSHIP: SPOUSE PARENT FRIEND CHILD SIBLING OTHER _____

Check here to give Coastal Eye Care staff permission to speak with your alternate contact regarding health issues

WHAT PHARMACY DO YOU USE? _____ IN WHAT TOWN? _____

WOULD YOU LIKE TO ACCESS YOUR DIAGNOSIS INFORMATION VIA THE INTERNET? YES NO

FAMILY PHYSICIAN: _____ PHONE: _____

REFERRED BY DR: _____

RELEASE OF INFORMATION

I hereby authorize release of information to Medicare and request that payment of Medicare benefits be made on my behalf to Coastal Eye Care, P.A., for any covered services furnished to me by the providers at Coastal Eye Care, P.A.

For all other insurances, I authorize Coastal Eye Care, P.A., to release medical information needed by my insurance company for the purpose of providing medical and surgical eye care services.

I hereby acknowledge the receipt of the Notice of Privacy Practices given to me.

*** PLEASE SIGN AND DATE ONLY ONCE ***

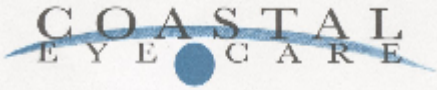
TODAY'S DATE _____ PATIENT'S SIGNATURE _____

UPDATES: I hereby acknowledge that I have reviewed both sides and updated all information. (or Responsible Party/Sponsor)

DATE _____ PATIENT'S SIGNATURE _____

DATE _____ PATIENT'S SIGNATURE _____

DATE _____ PATIENT'S SIGNATURE _____



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The mission of our professionally trained staff is to provide the highest quality medical and surgical eye care in a modern, state of the art, facility. We hope your experience with Coastal Eye Care is pleasant and all of your concerns are addressed in a considerate and professional manner. Please feel free to ask for further clarification should you have questions. Our staff is always willing to help. In anticipation of your visit to Coastal Eye Care, the following information will provide you with an understanding of our office policies.

OFFICE HOURS: Our office is open Monday through Friday 8:00 a.m. to 4:30 p.m.

EMERGENCY HOURS: Emergency cases are treated during office hours as needed. However, if the office is not open, your local emergency room will accommodate your immediate needs until Dr. Piazza, Dr. Muth, Dr. Rudloe, or another on-call ophthalmologist may be contacted.

SCHEDULED APPOINTMENTS: Patients are seen by scheduled appointment. If you are unable to keep a scheduled appointment, or need to reschedule an appointment, we ask you call 24 hours in advance. Missed appointments may be assessed a \$25.00 fee.

Patient Financial Responsibility

CO-PAYMENTS: Your co-payment will be collected at check-in.

MEDICARE: Please bring your Medicare card to your appointment as we need a copy of your card on file.

MAINECARE: If your MaineCare policy requires an insurance referral from your Primary Care Physician, it must be in place prior to your visit or your appointment will be rescheduled.

HMO INSURANCES: Please make sure an insurance referral from your Primary Care Physician is in place prior to your visit or your appointment will be rescheduled.

SELF PAY: Patients with no insurance coverage are expected to pay, in full, at the time of service.

OUT OF POCKET: We collect deductibles, co-insurance, and non-covered services at the time of service.

OUTSTANDING BALANCES: Payment is due upon receipt of statement. Balances not paid within 28 days of the initial billing may be subject to a late fee. In the event a past due account is sent to a collection agency, a collection fee will be assessed.

DRIVERS LICENSE AND OTHER FORMS: There is a nominal charge for completion of forms by the physician.

REFRACTION TEST: The cost of a refraction test is based on your insurance plan. Typically this amount will not exceed \$70.00. Please call ahead, or ask at check-in, if you have any questions.["What is a Refraction?" – Enclosed.]

****Please be advised most insurance companies do not consider treatment for a medical diagnosis by an ophthalmologist to be a Routine Eye Exam. Please contact our office so we may research your specific benefits.****

Payment Options: Cash, Check, Visa, MasterCard or CareCredit Financing Company

I hereby acknowledge that I have read and understand the above information.

SIGNATURE

DATE

PRINTED NAME

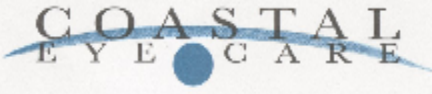
MEDICATION LIST

PLEASE COMPLETE THIS FORM WITH YOUR MEDICATIONS AND BRING TO YOUR APPOINTMENT.

MEDICATION	HOW MANY TIMES PER DAY	DOSAGE (mg)

S:\FORMS & NEW PATIENT PACKETS\NPP\6 Medication List.docx

Please see other side or previous attachment for: Patient History Record.



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This notice describes how medical information about you may be disclosed and how you can get access to this information. Please review it carefully. Effective: Sept. 23, 2013

The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive at our facility. We need this record to provide you with quality care and to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of Protected Health Information (PHI).

THE LAW REQUIRES US TO:

- Keep your medical information private
- Give you this notice describing our legal duties, privacy practices and your rights regarding your PHI
- Follow the terms of the notice that is now in effect
- Notify you if a breach occurs in the security of your Protected Health Information (PHI)

WE HAVE THE RIGHT TO:

Change our privacy practices and the terms of this notice at any time, as long as those changes are permitted by law. This includes information previously created or received before the adjustments were made. Notification will take place if any important change is made, and information will be available upon request.

USE AND DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION (PHI):

The following section describes different ways that we use your PHI. Not every use or disclosure will be listed. However, we have listed all of the different ways we are permitted to use and disclose PHI. We will not disclose any of your PHI for any purpose not listed below without your specific written authorization. Any specific written authorization may be revoked at any time by writing to us. We are required to obtain your authorization prior to disclosing PHI related to psychotherapy notes, the sale of PHI, or marketing.

FOR TREATMENT: We may use PHI about you to provide you with medical treatment or services. We may disclose this information about you to doctors, nurses, technicians and other people taking care of you. We may also share your PHI with other health care providers to assist them in treating you.

FOR PAYMENT: We may use PHI to obtain payment for the services we provide.

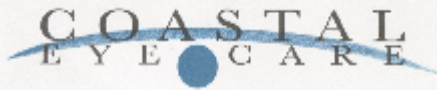
FOR HEALTH CARE OPERATIONS: We may use and disclose your PHI for our health care operations. This might include quality improvement measures, evaluating performance of employees, staff training, accreditation, and obtaining certificates and licensure that we need in order to operate. This also includes business management and administrative activities.

OTHER USES AND DISCLOSURES: As part of treatment, payment, and health care operations, we may also use or disclose your PHI for the following purposes:

APPOINTMENT REMINDERS: PHI used to contact you, a family member, or other responsible person, as a reminder that you have an appointment at Coastal Eye Care. We will use the phone number(s) given to us by your doctor's office and may leave a message with a family member. We will limit the PHI disclosed when leaving a message. If you prefer we use a different phone number, not leave messages, or would rather that we not speak with family members, this can be requested by contacting the privacy officer, in writing, at the address below.

NOTIFICATION: PHI used to notify or help notify a family member or other person responsible for your care. We will share information about your location in our facility, general condition, and approximate wait time. If you are present, we will get your permission, if possible, before we share this information. In case of emergency and/or if you are not able to give or refuse permission, we will share only the PHI that is directly necessary for your health care, according to our professional judgment to make decisions in your best interest.

DISASTER RELIEF: PHI will be shared with public or private organizations or persons who can legally assist in disaster relief efforts.



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RESEARCH IN LIMITED CIRCUMSTANCES: PHI for research purposes in limited circumstances where the research has been approved by the Governing Body. They will review the research proposal and established protocols to ensure the privacy of your PHI.

FUNERAL DIRECTOR, CORONER, MEDICAL EXAMINER AND ORGAN DONATION: We may disclose PHI of a person who has died with these entities in order to help them carry out their duties.

SPECIALIZED GOVERNMENT FUNCTIONS: Subject to certain requirements, we may disclose and/or use PHI for military personnel and veterans for national security and intelligence activities, for protective services for the President and others, for medical suitability determinations for the Department of the State, for correctional institutions and other law enforcement custodial situations, and for government programs providing public benefits.

COURT ORDERS AND JUDICIAL ADMINISTRATIVE PROCEEDINGS: We may disclose your PHI in response to a court or administrative order, subpoena, discovery request or other lawful process. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we may share your PHI with law enforcement officials. We may share limited information with law enforcement officials concerning the medical information of a suspect, fugitive, material witness, crime, or missing person. We may also share the medical information of an inmate or other person in lawful custody with a law enforcement official or correctional institution under certain circumstances.

PUBLIC HEALTH ACTIVITIES: As required by law, we may disclose your PHI to public health or official authorities charged with preventing or controlling disease, injury, or disability, including suspected physical abuse, neglect, or domestic violence. We may also disclose your PHI to the Food and Drug Administration for purposes of reporting adverse events associated with product defects, problems, tracking, and other activities. We may also, when authorized by the law to do so, notify a person who may have been exposed to a communicable disease or otherwise be at risk for contracting or spreading a disease or condition.

YOUR RIGHTS:

- The right to inspect and copy your PHI pursuant to a written request to the Privacy Officer. We may deny your request if, in our professional judgment, we determine that the access requested will endanger your life or that of another person.
- The right to request a restriction on uses and disclosures of your PHI.
- The right to request to receive confidential communications from us by alternative means or locations.
- The right to make a written request for amendments to your PHI, with reasons to support such a request. In certain cases, we may deny your request for an amendment.
- The right to receive an accounting of certain disclosures for purposes of treatment, payment, or health care operations. These written requests must be submitted to our Privacy Officer. Requests may not be for a period covering more than 6 years. We will provide the first request within any 12-month time frame without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.
- The right to obtain a paper copy of this notice.
- The right to revoke your authorization of your PHI release at any time.

CONTACT PERSON:

Attn: Privacy Officer
Coastal Eye Care, PA
128 Bucksport Road
Ellsworth, ME 04605
The Privacy Officer can be contacted by telephone at (207) 667-6300.



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COASTAL EYE CARE IS PLEASED TO INTRODUCE OUR NEW INTERNET SERVICE:

THE PATIENT PORTAL!

The Patient Portal is a secure web portal on our Web site home page that gives patients a new and efficient internet-based method of communicating with their doctor's office. Our online patient portal allows you to communicate with us easily and safely – according to your schedule. Using your own secure password, you can log into the online patient portal from the comfort and privacy of your home or office. With our patient portal service you can log on to our website, www.coastaleyecare.net and:

- Exchange non-clinical messages with our practice
- Review and pay billing statements
- Make secure credit card payments
- View and request appointments
- Research health topics
- Update your profile, demographic information, and contact information

IT'S SIMPLE AND EASY TO ACCESS YOUR PATIENT PORTAL:

- 1) Log onto our Web site at: www.coastaleyecare.net
- 2) Click on the new Patient Portal link
- 3) Register. Make sure to use your primary or home phone number when registering
- 4) Log in and follow the directions

(*If you experience difficulty when registering, please call our office at (207) 667-6300 during normal business hours for assistance.)