



Lawrence Piazza, M.D.
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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 _____ office. Directions to our offices are located on the back of this letter. You will receive an automated reminder call two to three days prior to your appointment. If you have a rotary phone and/or have difficulty with the automated call, please contact us; and we'll be happy to help you. If for any reason you will not be able to keep your appointment, we ask that you call the office at 667-6300 as soon as possible to reschedule. Thank you in advance for your cooperation.

In anticipation of your upcoming appointment, 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.** Any patient balances (not covered by your insurance policy) are 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. This time could be longer depending on tests or treatments that need to be performed at the time of your exam.

We hope you find this information helpful,
The Doctors and Staff at Coastal Eye Care, P.A.