

Cesar A. Sierra, M.D.
Ophthalmic Facial Plastic Surgery
125 Kings Highway North, Suite B
Westport, CT 06880
Phone: (203) 226-1696 Fax: (203) 226-7799

WELCOME TO THE PRACTICE

Patient Instructions:

Read through the New Patient Packet—You will find important information required in preparing for your initial consultation visit with Dr. Sierra.

Please come with the following:

1. List of all medications (prescriptions & over the counter) that you are currently taking.
2. List of ALL allergies (drug & environmental sensitivities).
3. Name, Address & Telephone of your primary care physician/cardiologist.
4. Name, Address & Telephone of the physician referring you to the practice.
5. Medical History & Patient Information forms filled out—Please do not mail or fax.
6. Insurance Card(s) & Picture Identification.

Patient Instructions:

It is extremely important that you are aware of your insurance coverage. There are many insurance plans with which Dr. Sierra participates. However, many of these plans have variations, as well as multiple rules and regulations. The rules and regulations must be followed if you want your insurance plant to cover (pay) for services rendered.

Do you need a referral to see a specialist? If your plan does require a feral, this must come from your Primary Care Physician NOT an ophthalmologist, dermatologist, etc.

Do you have a co-pay? Any and ALL co-payments are due at the time of your visit. We are required by our insurance company to collect the co-payment.

Does your insurance require that you use a specific laboratory, hospital or pharmacy? If your plan does require specific locations and you do not inform the office, you are responsible for the charges incurred.

For work related injuries, you need to obtain authorization from your employer.

Not all services are covered by each insurance plan. Our office will pre-certify with your insurance for surgical procedures, but it is in your best interest to be aware of what is and is not covered under your plan. Any SERVICE(S) NOT COVERED BY YOUR INSURANCE IS YOUR RESPONSIBILITY. YOU WILL BE BILLED ACCORDINGLY.

The office makes every effort to help you with the above, but cannot guarantee that we will know every rule and regulation. Your cooperation is needed in order for us to service your healthcare needs and ensure that you receive any and all insurance coverage to which you are entitled.

PLEASE NOTE: WE DO NOT ACCEPT CREDIT CARDS FOR CO-PAYMENTS

PLEASE DO NOT HESITATE TO CONTACT THE OFFICE WITH ANY QUESTIONS