

Verdier Eye Center

Center

**Phone: (616) 949-2001  
Fax: (616) 949-8620**  
1000 East Paris Ave SE

Suite 130 &130A  
Grand Rapids, MI  49546

www.verdiereyecenter.com

Dear Patient,

We would like to take this opportunity to welcome you to our practice. Our goal is to make your experience here as pleasant as possible. Everything we do here is geared toward providing our patients the highest quality medical and surgical care possible.

Upon arrival please take note:

1. **At this time to ensure the safety of our patients and staff, only the patient is allowed in our office unless the patient is a minor or clinically unable to advocate for themselves.**
2. **EVERY patient MUST bring and wear a mask. If you elect to not wear a mask, we will ask you to please reschedule your appointment.**

**This initial evaluation will take approximately 2 ½ hours please plan accordingly**. If you do not feel comfortable driving with your eyes dilated, please bring a driver to your appointment.

Please understand that your initial appointment is an evaluation and you will not be having surgery at this appointment.

Be sure to bring the following with you to your appointment:

* Your **medical** insurance card
* **COVID-19 Vaccination Card – If you are not vaccinated, COVID-19 testing is required prior to surgery**
* Driver’s License or State/Government Photo ID
* Payment for copay – we accept check, cash, visa, MasterCard, American Express, & Discover.
* List of current medications including vitamins and other supplements
* List of all eye drops you are currently taking

We would appreciate if you would complete the enclosed patient information forms. Please mail back all completed forms in the enclosed return envelope. We value your time and having this information prior to check in will assist our staff to start your evaluation efficiently.

Our practice participates with most **medical** insurance plans. If you are concerned about your insurance carrier participating with Verdier Eye Center, please contact them directly. Each individual insurance plan is different and your insurance carrier can explain your coverage to you, including but not limited to deductibles and copays. If you have any question regarding charges, billing, or payments please contact our billing department at 616-949-2001 option 4.

Self-pay patients will be expected to pay $180.00 towards their evaluation at check in. If you are unable to pay at the time of service, your appointment will be rescheduled.

Please see enclosed brochure for more information about our office hours and location as well as our doctors and staff. Your appointment date and time will be listed on the back of this brochure.

If you are seeing **Dr. Siebert** or **Dr. Fox**, please utilize **Door ‘E’** to enter the building, **Suite** **130A.**  
If you are seeing **Dr. Verdier**, **Dr. Renucci** or **Dr. Phelps**, please utilize **Door ‘A’** to enter the building, **Suite 130.**