

C. STEPHEN FOSTER, M.D., F.A.C.S., F.A.C.R.
Clinical Professor of Ophthalmology
Harvard Medical School
Ocular Immunology and Uveitis Foundation
Founder and President



STEPHEN D. ANESI, M.D.
Staff Physician
1440 Main Street, Suite 201
Waltham, Massachusetts 02451

Massachusetts Eye Research and Surgery Institution
Est. 2005

Appointments: 781-891-6377 • Toll free: 866-353-6377 • Fax: 781-647-1430
Web: www.mersi.com, www.uveitis.org • Email: sfoster@mersi.com • sanesi@mersi.com

Dear New Patient,

We are pleased to welcome you to the Massachusetts Eye Research and Surgery Institution (MERSI). Included in this packet is billing policy information for you to read and sign below, directions, a new patient survey, and a form for you to list the doctors you currently see, whom you wish consult letters to be sent. MERSI currently uses NextMD as a secure communication portal. Please be sure to register at the Front Desk when you check in.

We have coffee, tea, a waiting room for children, and wireless internet access. There is a café across the hall that is open until 2pm. For a list of hotels near our office in Waltham, please visit our website at www.mersi.com.

The doctors request all new patients complete a patient review of systems, as well as the new patient forms we have included in this packet. Please bring the completed forms to your appointment and arrive 15 minutes prior to your scheduled time to allow us to enter in the information. You may also fax the information to MERSI before your appointment at 781-647-1430.

New patient appointments at MERSI are very thorough and your physician may order testing during your visit. Please allow ample time for your visit. It is not uncommon for complicated new patient appointments to last four hours or longer.

Fees

It is our office policy to collect all payment in full at the day of your appointment.

If you do not have health insurance or your health insurance is inactive, the fee for the consultation with Dr. Foster or Dr. Anesi is \$600. We also require an additional \$250 for a deposit for possible diagnostic testing. Initial: _____

If no testing is needed, the \$250 deposit will be reimbursed at the end of the visit. Initial: _____

If testing is needed, you will be brought to the Front Desk and informed of the costs of each test. The costs of some tests may exceed the \$250 deposit you paid at the beginning of your visit. Some of the costs may be less than the \$250 deposit you paid. Initial: _____

You have the following options:

- 1) You have the option of being reimbursed the \$250 deposit and re-scheduling the tests. **Initial:** _____
- 2) If the testing costs exceeds the \$250 deposit, you will pay any additional costs that exceed the \$250 deposit and have the testing done here on the same day as your appointment. **Initial:** _____
- 3) If the testing costs are less than the \$250 deposit, you will be reimbursed any remaining difference from the \$250 deposit and have the testing done the same day. **Initial:** _____

I have read the payment policy and agree to pay in-full all charges incurred for today's visit.

Print Name: _____ **Date:** _____

Signature: _____ **Date:** _____

Print Name of Legal Guardian if Applicable: _____

Signature of Legal Guardian if Applicable: _____ **Date:** _____

Sincerely,

The MERSI Staff

C. STEPHEN FOSTER, M.D., F.A.C.S., F.A.C.R.
*Clinical Professor of Ophthalmology
Harvard Medical School
Ocular Immunology and Uveitis Foundation
Founder and President*



STEPHEN D. ANESI, M.D.
Staff Physician

1440 Main Street, Suite 201
Waltham, Massachusetts 02451

Massachusetts Eye Research and Surgery Institution

Est. 2005

Appointments: 781-891-6377 • Toll free: 866-353-6377 • Fax: 781-647-1430
Web: www.mersi.com, www.uveitis.org • Email: sfoster@mersi.com • sanesi@mersi.com

Medical Insurance: Explanation and Information

Patient Name: _____

Date of Birth: _____

Our office will bill your insurance company for all of the services provided to you (office visits, surgeries, procedures, etc.). Reimbursement from your insurance to our office is based on our contractual agreement and our participation status.

Your benefit plan will determine your responsibilities for several types of payments. The terms under which insurance policies establish these limitations on reimbursement vary widely among policies and depend on your individual contract and benefit plan.

As the patient, it is your responsibility to know your insurance policy and benefits. We strongly encourage you to contact your insurance company to verify your plan benefits (copayments, deductible, and/or coinsurance). Co-payments, deductibles, coinsurance and non-covered services are the member's responsibility, and will be collected up front.

Copayment: A fixed amount that your insurance company may require you to pay to the physician at the time of service. A copayment may be due for each visit, depending on the type of service you require. I agree to pay my copayment at each visit as determined by my insurance plan. **Initial here:** _____

Deductible: The amount you are responsible to pay for Medical services rendered, before coverage begins, each plan year. Some insurance carriers have individual deductibles, and/or family deductibles, which are required before they will make payment for eligible benefits. I agree to pay my deductible to MERSI as determined by my insurance policy. **Initial here:** _____

Coinsurance: After your deductible has been satisfied, your insurance company will pay a percentage of the eligible amount of charges for services. You could be responsible for the remaining percentage of expenses beyond the deductible (up to a maximum). The percentage is determined by your benefit plan structure with your insurance company. I agree to pay my coinsurance at each office visit as determined by my insurance policy. **Initial here:** _____

IT IS OUR OFFICE POLICY TO COLLECT YOUR COPAYMENT AT THE TIME OF SERVICE, WHEN YOU CHECK IN FOR YOUR APPOINTMENT. WE WILL ALSO COLLECT A FULL OR PARTIAL PAYMENT FOR YOUR OFFICE VISIT, PROCEDURE(S) AND/OR SURGERY, IF YOUR DEDUCTIBLE AND/OR COINSURANCE HAS NOT BEEN MET (unless other payment arrangements have been approved by our office).

I have read and agree to the terms above and understand I will be responsible for all payments associated with my insurance policy.

Patient Name: _____ Date: _____

Signature: _____ Date: _____

Print Name of Legal Guardian if Applicable: _____

Signature of Legal Guardian if Applicable: _____ Date: _____

MERSI

Massachusetts Eye Research and Surgery Institution

C. STEPHEN FOSTER, M.D., F.A.C.S., F.A.C.R.
*Clinical Professor of Ophthalmology
Harvard Medical School
Ocular Immunology and Uveitis Foundation
Founder and President*



STEPHEN D. ANESI, M.D.
Staff Physician

1440 Main Street, Suite 201
Waltham, Massachusetts 02451

Massachusetts Eye Research and Surgery Institution

Est. 2005

Appointments: 781-891-6377 • Toll free: 866-353-6377 • Fax: 781-647-1430
Web: www.mersi.com, www.uveitis.org • Email: sfoster@mersi.com • sanesi@mersi.com

Patient Name: _____
Patient Phone Number: _____ Date of Birth: _____
Address: _____
Email: _____

Primary Care Doctor (mandatory)

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: _____ Fax Number: _____

Referring Ophthalmologist

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: _____ Fax Number: _____

Other Specialist or Doctors (ex: rheumatologist, dermatologist, hematologist, oncologist, etc.)

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: _____ Fax Number: _____

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: _____ Fax Number: _____

How did you hear about MERSI? Please mark below:

PCP ___ Ophthalmologist ___ Optometrist ___ Specialist ___ Mt. Auburn ___ MGH ___
Insurance Company ___ Radio ___ Newspaper ___ Angie's List ___
Facebook ___ Twitter ___ Internet ___ Other (specify) _____
MERSI Patient ___ Patient's name _____

If you were referred by a patient, may we use your name in thanking him/her? Yes ___ No ___

C. STEPHEN FOSTER, M.D., F.A.C.S., F.A.C.R.
*Clinical Professor of Ophthalmology
Harvard Medical School
Ocular Immunology and Uveitis Foundation
Founder and President*



STEPHEN D. ANESI, M.D.
Staff Physician
1440 Main Street, Suite 201
Waltham, Massachusetts 02451

Massachusetts Eye Research and Surgery Institution

Est. 2005

Appointments: 781-891-6377 • Toll free: 866-353-6377 • Fax: 781-647-1430
Web: www.mersi.com, www.uveitis.org • Email: sfoster@mersi.com • sanesi@mersi.com

Patient Name: _____

Patient Phone Number: _____ Date of Birth: _____

Email: _____

Emergency Contact Information

Emergency Contact Name: _____ DOB: _____

Relationship: _____ Phone Number: _____

Pharmacy Information for Medication Refills

Pharmacy Name: _____

Pharmacy Address: _____

Pharmacy Phone Number: _____

MERSI Additional Demographics

Patient Name: _____ DOB: _____

Email: _____

Please select the most appropriate option for each of these:

Race

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- Other Race
- Unknown/Not Reported
- White

Ethnicity

- Hispanic or Latino
- Not Hispanic or Latino
- Unknown/Not Reported

Language

- Arabic
- Bulgarian
- Cambodian
- Central Khmer
- Chinese
- English
- French
- Haitian Creole
- Hebrew
- Hindi
- Italian
- Japanese
- Korean
- Polish
- Portuguese
- Russian
- Somali
- Spanish; Castilian
- Swahili
- Thai
- Urdu
- Vietnamese

**MASSACHUSETTS EYE RESEARCH AND SURGERY INSTITUTION
(MERSI)**

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES
AND CONSENT TO DISCLOSE HEALTH INFORMATION**

Patient Name: _____
(Last) (First) (Middle)

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES:

By my signature below, I hereby acknowledge that I have received a copy of the Notice of Privacy Practices for MERSI.

CONSENT TO DISCLOSE MY GENERAL HEALTH INFORMATION:

By my signature below, I hereby consent to MERSI disclosure of my medical information so that MERSI may treat me, seek payment from third parties for such treatment, and generally carry on MERSI's health care operations (e.g., planning or other administrative activities.) I also consent to MERSI's disclosure of my medical information to insurers and providers outside of MERSI, when necessary, so these providers may treat me, seek payment for that treatment, and generally carry on their own health care operations. I also consent to MERSI's disclosure of my medical information on my home answering machine/voice mail at the number below. I also consent to MERSI's disclosure of my medical information to observers, trainees (medical school students and medical school graduates) and fellows (licensed physicians) volunteering and working at MERSI, consistent with the educational mission of MERSI. I also consent to MERSI's disclosure of my medical information for charitable fundraising purposes, including, but not limited to disclosures to Ocular Immunology and Uveitis Foundation, Inc. I also consent to MERSI's use and disclosure of my medical information for the purpose of medical research projects.

Signature of Patient

Date

Telephone Number: (____) _____

If the patient is a minor child or is otherwise incapacitated (physically or mentally), complete the following:

Signature of Personal Representative

Description of Authority

Date

Massachusetts Eye Research and Surgery Institution

Ocular Inflammatory Disease Review of Systems Questionnaire

This is a **confidential** survey. Please respond to all questions by circling the proper answer. Please bring with you to your appointment.

Name: _____

Date of Birth: _____ Reason for Visit: _____

FAMILY HISTORY: These questions refer to your grandparents, parents, aunts, uncles, brothers and sisters, children or grandchildren.

Has anyone in your **family** had any of the following?

Cancer	YES	NO	
Diabetes	YES	NO	
Allergies	YES	NO	
Arthritis or rheumatism	YES	NO	
Syphilis	YES	NO	
Tuberculosis	YES	NO	
Sickle cell disease or trait	YES	NO	
Lyme disease	YES	NO	
Gout	YES	NO	

Patient Name: _____

Has anyone in your **family** had medical problems listed below?

Eyes	YES	NO	
Skin	YES	NO	
Kidneys	YES	NO	
Lungs	YES	NO	
Stomach or bowel	YES	NO	
Nervous system or brain	YES	NO	

Patient Name: _____

Have you ever been told that you have the following conditions?

Anemia (Low Blood Counts)	YES	NO
Cancer	YES	NO
Diabetes	YES	NO
Hepatitis	YES	NO
High Blood Pressure	YES	NO
Pleurisy	YES	NO
Pneumonia	YES	NO
Ulcers	YES	NO
Herpes (cold sores)	YES	NO
Chicken Pox	YES	NO
Shingles (Zoster)	YES	NO
German Measles (Rubella)	YES	NO
Measles (Rubeola)	YES	NO
Mumps	YES	NO
Chlamydia or Trachoma	YES	NO
Syphilis	YES	NO
Gonorrhea	YES	NO
Any other sexually transmitted disease	YES	NO
Tuberculosis (TB)	YES	NO
Leprosy	YES	NO
Leptospirosis	YES	NO
Lyme Disease	YES	NO
Histoplasmosis	YES	NO
Candida or Moniliasis	YES	NO
Coccidiomycosis	YES	NO
Sporotrichosis	YES	NO
Toxoplasmosis	YES	NO
Toxocariasis	YES	NO
Cysticercosis	YES	NO
Trichinosis	YES	NO
Whipple's Disease	YES	NO
AIDS	YES	NO

Have you ever been told that you have the following conditions?		
Hay Fever	YES	NO
Allergies	YES	NO
Vasculitis	YES	NO
Arthritis	YES	NO
Rheumatoid Arthritis	YES	NO
Lupus (Systemic Lupus Erythematosus)	YES	NO
Scleroderma	YES	NO

Have you ever had any of the following illnesses?

Reiter's Syndrome	YES	NO
Colitis	YES	NO
Crohn's Disease	YES	NO
Ulcerative Colitis	YES	NO
Behcet's Disease	YES	NO
Sarcoidosis	YES	NO
Ankylosing spondylitis	YES	NO
Erythema Nodosa	YES	NO

Have you ever had any of the following illnesses?

Temporal Arteritis	YES	NO
Multiple Sclerosis	YES	NO
Serpiginous Choroidopathy	YES	NO
Fuchs' Heterochromic Iridocyclitis	YES	NO
Vogt-Koyanagi-Harada Syndrome	YES	NO

Have you had any of the following symptoms in the past year?

GENERAL HEALTH:

Chills	YES	NO
Fevers (persistent or recurrent)	YES	NO
Night Sweats	YES	NO
Fatigue (tire easily)	YES	NO
Poor Appetite	YES	NO
Unexplained Weight Loss	YES	NO
Do you Feel Sick	YES	NO

Patient Name: _____

Have you had any of the following symptoms in the past year?

HEAD:

Frequent or Severe Headaches	YES	NO
Fainting	YES	NO
Numbness or Tingling in your body	YES	NO
Paralysis in parts of your body	YES	NO
Seizures or Convulsions	YES	NO

EARS:

Hard of Hearing or Deafness	YES	NO
Ringing or Noises in Your Ears	YES	NO
Frequent or Severe Ear Infections	YES	NO
Painful or swollen Ear Lobes	YES	NO

NOSE AND THROAT:

Sores in Your Nose or Mouth	YES	NO
Severe or Recurrent Nosebleeds	YES	NO
Frequent Sneezing	YES	NO
Sinus Trouble	YES	NO
Persistent Hoarseness	YES	NO
Tooth or Gum Infections	YES	NO

SKIN:

Rashes	YES	NO
Skin Sores	YES	NO
Sunburn Easily (Photosensitivity)	YES	NO
White Patches of Skin or Hair	YES	NO
Loss of Hair	YES	NO
Tick or Insect Bites	YES	NO
Painfully Cold Fingers	YES	NO
Severe Itching	YES	NO

Patient Name: _____

Have you had any of the following symptoms in the past year?

RESPIRATORY:

Severe or Frequent Colds	YES	NO
Constant Coughing	YES	NO
Coughing Up Blood	YES	NO
Recent Flu or Viral Infection	YES	NO
Wheezing or Asthma Attacks	YES	NO
Difficulty Breathing	YES	NO

CARDIOVASCULAR:

Chest Pain	YES	NO
Shortness of breath	YES	NO
Swelling of your legs	YES	NO

BLOOD:

Frequent or Easy Bruising	YES	NO
Frequent or Easy Bleeding	YES	NO
Have you Received Blood Transfusions	YES	NO

GASTROINTESTINAL:

Trouble Swallowing	YES	NO
Diarrhea	YES	NO
Bloody Stools	YES	NO
Stomach Ulcers	YES	NO
Jaundice or Yellow Skin	YES	NO

BONES AND JOINTS:

Stiff Joints	YES	NO
Painful or Swollen Joints	YES	NO
Stiff Lower Back	YES	NO
Back Pain while Sleeping or Awakening	YES	NO
Muscle Aches	YES	NO

Patient Name: _____

Have you had any of the following symptoms in the past year?

GENITOURINARY:

Kidney Problems	YES	NO
Bladder Trouble	YES	NO
Blood in your Urine	YES	NO
Urinary Discharge	YES	NO
Genital Sores or Ulcers	YES	NO
Prostatitis	YES	NO
Testicular Pain	YES	NO

OTHER:

Are you Pregnant?	YES	NO
Do you Plan to be Pregnant in the Future?	YES	NO

C. STEPHEN FOSTER, M.D., F.A.C.S., F.A.C.R.
*Clinical Professor of Ophthalmology
Harvard Medical School
Ocular Immunology and Uveitis Foundation
Founder and President*



STEPHEN D. ANESI, M.D.
Staff Physician

1440 Main Street, Suite 201
Waltham, Massachusetts 02451

Massachusetts Eye Research and Surgery Institution

Est. 2005

Appointments: 781-891-6377 • Toll free: 866-353-6377 • Fax: 781-647-1430
Web: www.mersi.com, www.uveitis.org • Email: sfoster@mersi.com • sanesi@mersi.com

Driving Directions

From North (I-95 S/128 S):

Option 1:

Head South on I-95 S. Take exit 26 (US-20) toward Weston/Waltham. Take a slight left to merge onto US-20 East towards Waltham. Then keep right to stay on US-20E. Pass through one traffic light and follow signs for Rt 117 (Main St. is Rt 117). At second traffic light, turn left onto Stow St. Then turn left onto Main St. (Rt 117). You will be crossing over I-95/128. 1440 Main St. will be .25 mile up on your left.

Option 2: Via Bear Hill Road.

Head South on I-95 S. Take exit 27B to merge onto Winter St. Take a slight left to stay on Winter St. Take a slight right onto 2nd Ave. Keep left at fork to continue onto Bear Hill Rd. At the end of the road turn right onto Main St. (Rt 117). 1440 Main St. will be .25 mile up on your left.

From South (I-95 N/128 N):

Head North on I-95 N. Take exit 26 (US-20) toward Weston/Waltham. Keep right to merge onto US-20 East towards Waltham. Pass through one traffic light and follow signs for Rt 117 (Main St. is Rt 117). At second traffic light, turn left onto Stow St. Then turn left onto Main St. (Rt 117). You will be crossing over I-95/128. 1440 Main St. will be .25 mile up on your left.

From West (I-90):

Head East on I-90 E. Take exit 14 towards I-95/128. Keep left at fork and follow signs to merge onto I-95 N/128 N. Follow I-95 N and see directions above "From South".

From East (Rt 2):

Head North West on Rt 2 W. Take exit 52A to merge onto I-95 S toward Attleboro. Follow I-95 S and see directions above "From North".

From Logan International Airport:

Exit Airport and follow signs for I-90 W. Keep left to merge onto I-90 W. Take exit 15 for I-95/128. Keep left at fork and follow signs to merge onto I-95 N/128 N. Follow I-95 N and see directions above "From South".

MBTA Directions**Red Line****Option 1: Via Red Line and Bus**

Take the Red Line T to Central Square. Exit near the intersection of Prospect St and Massachusetts Ave. Walk North West on Massachusetts Ave towards Prospect St. Turn left onto Central Sq (Magazine St.) Then turn left onto Green St. (.07 mi walking/1 min). Take the 70 Bus from Green St. at Magazine St. Station towards Cederwood via Watertown & Waltham. Get off at Main St. at Stow St. Walk West on Main St. (Rt 117) toward Tower Rd for .25 mile (5 min). 1440 Main St. will be on your left.

Option 2: Via Red Line and Uber

Take the Red Line to Alewife Station. From Alewife use Uber to get a ride to MERSI for (avg) \$18. There is also a taxi stand at Alewife station as well. Follow the signs to the Auto pickup and drop off area. The fare back to Cambridge is avg of \$26.00 with Uber. Travelers need to remember the Red Line is outbound towards Boston and marked Braintree which is the opposite end of the line. Additionally once you arrive at South Station you need to go all the way up and to the other side of the platforms to get to the SL bus marked for Logan.

Option 2: Via Commuter Rail

Take the Red Line T to Porter Square. Take the Fitchburg/South Acton Commuter Rail Line towards Fitchburg/Littleton/Rt 495. Get off at Waltham stop. Take the 70 Bus from the Carter St. Commuter Rail Station towards Cederwood via Watertown. Get off at Main St. at Stow St. Walk West on Main St. (Rt 117) toward Tower Rd for .25 mile (5 min). 1440 Main St. will be on your left.

Option 3: Note – sidewalk is not paved for entire walking route. Please use caution.

Take the Red Line T to Porter Square. Take the Fitchburg/South Acton Commuter Rail Line towards Fitchburg/Littleton/Rt 495. Get off at Kendal Green stop. Walk North East on Church St. towards North Ave (Rt 117). Turn right onto North Ave. North Ave turns into Main St. 1440 Main St. will be on your right (.6 mi walking/13 min).

Green Line / Orange Line

Option 1: Via Commuter Rail

Take the Green or Orange Line T to North Station. Take the Fitchburg/South Acton Commuter Rail Line towards Fitchburg/Littleton/Rt 495. Get off at Waltham stop. Take the 70 Bus from the Carter St. Commuter Rail Station towards Cederwood via Watertown. Get off at Main St. at Stow St. Walk West on Main St. (Rt 117) toward Tower Rd for .25 mile (5 min). 1440 Main St. will be on your left.

Option 2: Note – sidewalk is not paved for entire walking route. Please use caution.

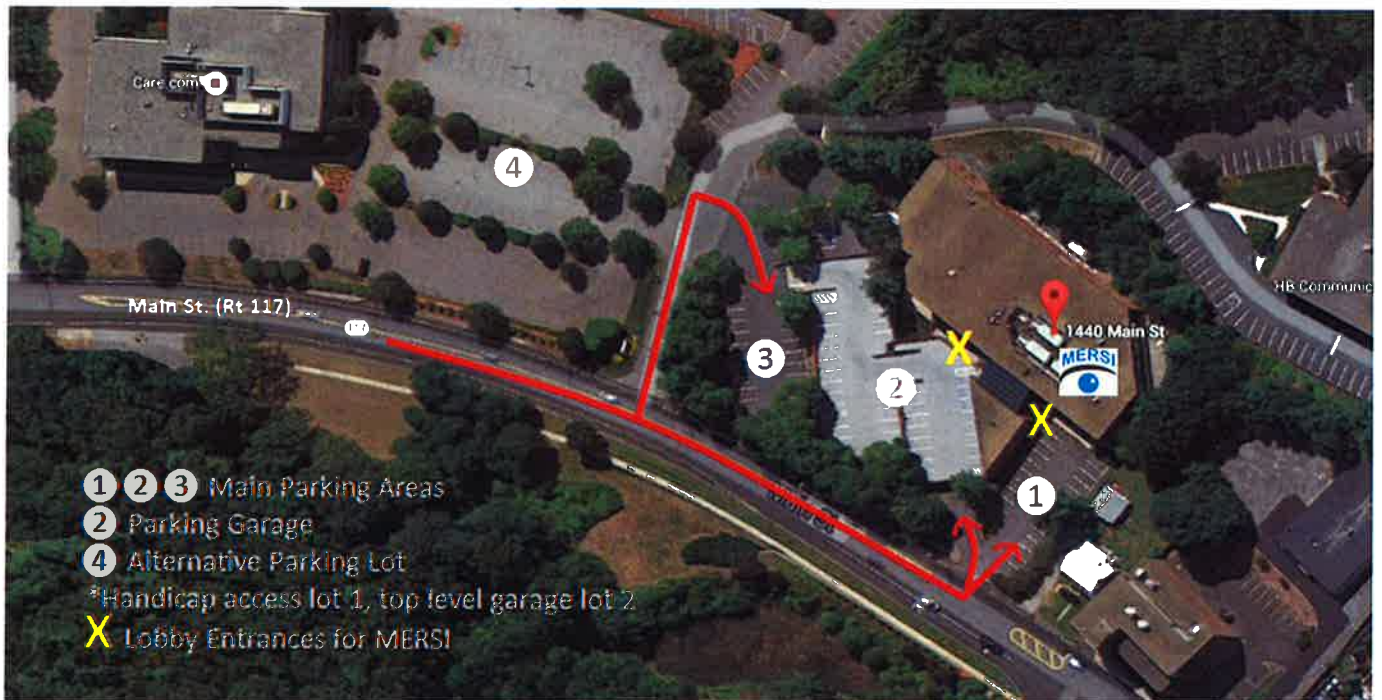
Take the Green or Orange Line T to North Station. Take the Fitchburg/South Acton Commuter Rail Line towards Fitchburg/Littleton/Rt 495. Get off at Kendal Green stop. Walk North East on Church St. towards North Ave (Rt 117). Turn right onto North Ave. North Ave turns into Main St. 1440 Main St. will be on your right (.6 mi walking/13 min).

Silver Line (Airport Transit)

Take the Silver Line to South Station. Take the Red Line towards Alewife and follow any of the options listed above for “Red Line” transit.

Parking

There are multiple parking areas surrounding the building, as well as a large parking garage, all of which are free. Handicap access is available from Lot 1 as well as the top level of the parking garage Lot 2.





Hotels for MERSI

1440 Main Street, Suite 201

Waltham, MA 02451

Tel: 781-891-6377

Hyatt House Boston/Waltham

1.3 Miles from MERSI

54 Fourth Avenue

Waltham, Massachusetts, 02451 USA

Tel: 1-781-290-0026

<http://waltham.house.hyatt.com/en/hotel/home.html>

Embassy Suites Boston/Waltham

1.41 Miles from MERSI

550 Winter Street

Waltham, Massachusetts, 02451 USA

Tel: 1-781-890-6767

<http://embassysuites3.hilton.com/en/hotels/massachusetts/embassy-suites-boston-waltham-BOSWSES/index.html>

The Westin Waltham Boston

1.45 Miles from MERSI

70 Third Avenue

Waltham, Massachusetts, 02451 USA

Tel: 1-781-290-5600

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

Courtyard by Marriott Waltham

1.56 Miles from MERSI

387 Winter Street

Waltham, MA 02451 USA

Tel: 1-781-419-0900

<http://www.marriott.com/hotels/travel/boswm-courtyard-boston-waltham/>