

**SKILLED PHYSICIANS.
CARING FOR YOUR SIGHT.
CARING FOR YOU.**



Dr. Burlingame established his practice in Sherman in 1987. RGB Eye Associates evolved from his strong Christian faith and his philosophy that the patient always comes first. That's why, at RGB, when it comes to caring for your eyes, it's all about you. From our friendly, caring staff to our team of experienced, highly trained surgeons, you can count on RGB for the latest technologies and the safest, most effective procedures to ensure your vision is the best it can be. After all, the greater your quality of sight, the greater your quality of life.

Andrew D. Bossen, M.D.

EDUCATION

- Graduated Summa Cum Laude with a BS in Biomedical Science from Texas A&M University in College Station, TX.
- Continued medical training at Texas A&M Health Science Center College of Medicine.
- Internship and Ophthalmology Residency at Scott & White Memorial Hospital in Temple, TX.
- Performed the second highest volume of cataract surgeries among all resident physicians at Scott & White Memorial Hospital.

PROFESSIONAL ASSOCIATIONS

- American Academy of Ophthalmology
- Texas Medical Association
- Alpha Omega Alpha Medical Honor Society
- American Society of Cataract & Refractive Surgeons
- Grayson County Medical Society

William B. Plauché, M.D.

EDUCATION

- BS from Northeast Louisiana University in Monroe, LA, Summa Cum Laude.
- Graduated Medical School from Louisiana State University Health Science Center in Shreveport, LA.
- Internship and Ophthalmology Residency at Scott & White Memorial Hospital in Temple, TX.

MILITARY SERVICE

- United States Army
- Louisiana National Guard
- Army Reserves, medical officer providing services to soldiers deploying to Iraq & Afghanistan.
- Earned 3 Certificates of Achievement, 2 Army Achievement Medals, Army Commendation Medal.
- Completed his service in the Army as a Captain.

Roy E. Lehman, M.D.

EDUCATION

- BS in Biology from Hardin-Simmons University, Summa Cum Laude.
- Graduated with Honors from Texas A&M Health Science Center College of Medicine in College Station, TX.
- Internship and Ophthalmology Residency at Scott & White Memorial Hospital in Temple, TX.
- Cornea & Refractive Surgery Fellowship at Dean McGee Eye Institute in Oklahoma City.

PROFESSIONAL ASSOCIATIONS

- Cornea Society
- American Academy of Ophthalmology
- Texas Medical Association
- American Society of Cataract & Refractive Surgeons
- Christian Ophthalmology Society

Jeffrey B. Harris, O.D.

EDUCATION

- Received a BS in Biology from Harding University in Searcy, AR.
- Achieved Doctor of Optometry from the University of Houston College of Optometry.
- BSK Honor Society

PROFESSIONAL BACKGROUND

- Scott & White Clinical Faculty – Maintained a large patient base while also teaching ophthalmology residents in preparation for the Ophthalmic Knowledge Assessment Program exam & clinical use.
- Integrity Digital Solutions, LLC – One of the founders of the business; developed and designed electronic medical record software for ophthalmology & optometry.



For the treatment you and your eyes deserve.

Glaucoma • Macular Degeneration • Dry Eye Syndrome • Cataracts • Diabetic Eye Disease • Botox • Fillers • Eyelid Surgery • LASIK

1625 HWY 75N • Sherman, Texas • 903.892.3282 • rgbeye.com





WELCOME TO RGB EYE ASSOCIATES, P.A.

We look forward to helping you with your eye care needs. Please complete all forms and return to the receptionist.

_____			_____			
Social Security #			Today's Date			
_____			Dr Mr Mrs Ms			
First Name		MI	Last Name		Title (circle one)	

Address						

City		State		Zip Code		
_____		_____		_____		
Date of Birth		Age	Marital Status		Male Female	
_____		_____	_____		Sex (circle one)	
Hispanic or Latino		Not Hispanic or Latino		_____		
Ethnicity (circle one)		Race		Preferred Language		
_____		_____		_____		
Home Phone #		Work Phone #		Emergency Contact and Phone#		
_____		_____		_____		
Mobile Phone #			Fax #			
_____			_____			
Employer			Email Address			
May we call you at work? (circle one)			May we contact you via email? (circle one)			
Yes No			Yes No			
_____			_____			
Spouse's Name			Phone #			
_____			_____			
Parent or Legal Guardian (if Minor)			Phone #			
_____			_____			
Referred by						



PRIMARY INSURANCE INFORMATION

Primary Insurance Company

Relationship to Patient

First Name

MI

Last Name

Title

Insured's Date of Birth

Sex

Insured's Social Security #

SECONDARY INSURANCE INFORMATION

Secondary Insurance Company

Relationship to Patient

First Name

MI

Last Name

Title

Insured's Date of Birth

Sex

Insured's Social Security #

MEDICARE PATIENTS:

I request that payment of authorized Medicare benefits be made to RGB Eye Associates, P.A. for services rendered to me. I authorize any holder of medical information about me to release to the Center of Medicare and Medicaid Services and its agents any information needed to determine these benefits or benefits payable to related services. I understand my signature requests that payment be made and authorizes the release of medical information necessary to pay the claim. In Medicare assigned cases, the provider agrees to accept the charge determination of the Medicare carrier and I am responsible for the Medicare deductible, co-insurance, or the twenty percent (20%) that Medicare does not pay for any non-covered services.

Signature

Date

AUTHORIZATION TO RELEASE MEDICAL INFORMATION:

I hereby authorize payment of my medical and surgical insurance benefits to RGB Eye Associates, P.A. I understand that I am financially responsible for any charges, whether or not paid by said insurance company. If I owe deductibles and/or other co-payments, I agree to pay them to RGB Eye Associates, P.A. I authorize RGB Eye Associates, P. A. to release any information required to process any and all claims for reimbursement on my behalf. A copy of authorization may be used in place of the original.

Signature

Date



ACKNOWLEDGEMENT OF REVIEW OF NOTICE OF PRIVACY PRACTICES

I received and reviewed this office's Notice of Privacy Practices which explains how my medical information will be used and disclosed.

You may release medical information to the person(s) listed below. I understand it is my responsibility to inform you in writing if an individual needs to be removed from this list.

First and Last Name

First and Last Name

First and Last Name

First and Last Name

Signature of Patient

Date

.....

If you are the patient's legal guardian, please fill out below:

Name of Patient

Print Personal Representative Name and Relationship

Personal Representative Signature

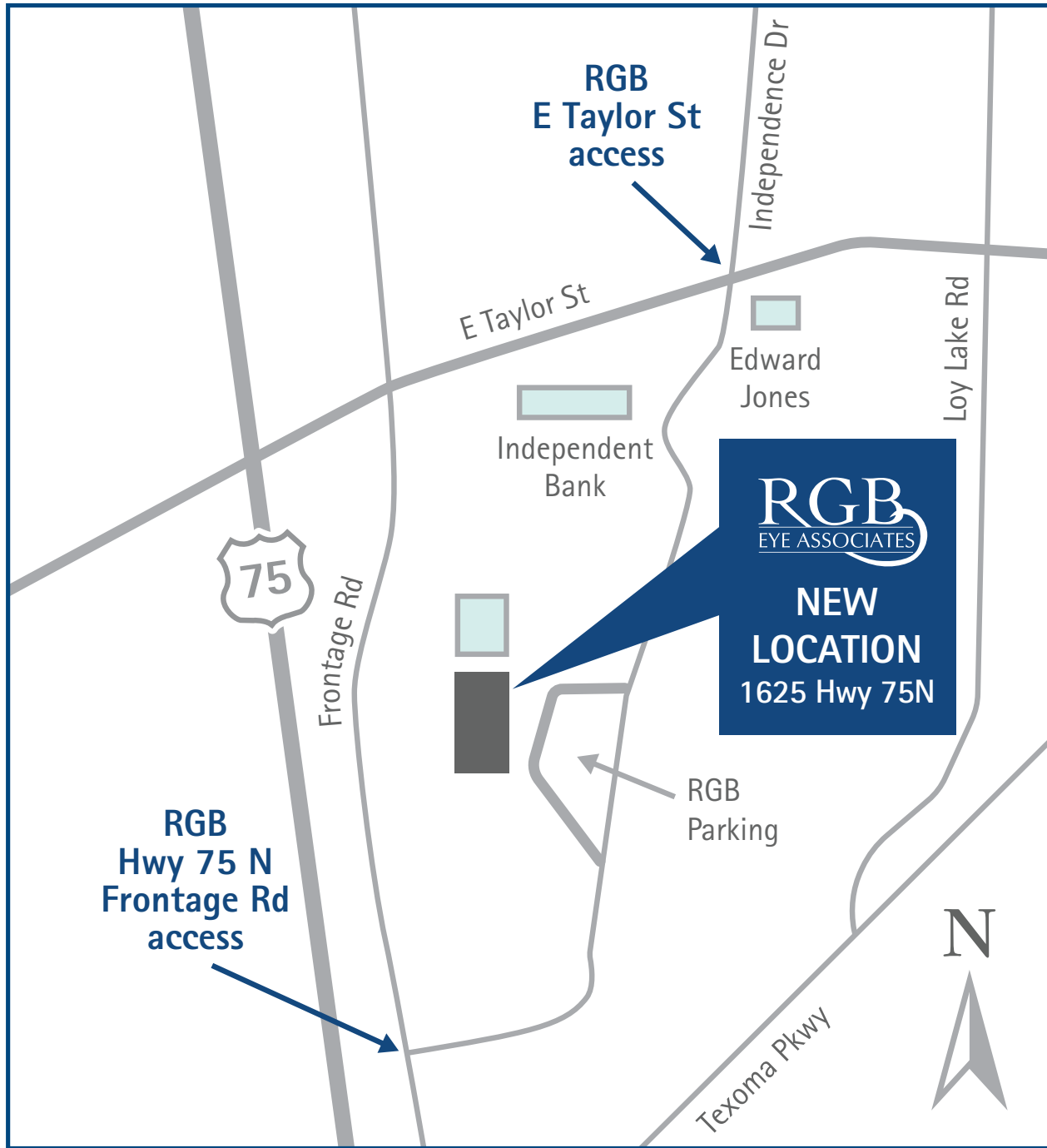
Date

DO YOU WEAR CONTACT LENSES?

In order to get accurate measurements on your eye, you will need to remove soft contact lenses at least 3 days before your cataract evaluation. If you wear gas permeable or hard contact lenses, please remove for 3 weeks. Feel free to call our office if you have any questions.

If you are coming for a Lasik evaluation please call for detailed instructions.

DIRECTIONS



TAYLOR STREET ACCESS

Enter at Edward Jones Bldg and drive through parking lot south past Independent Bank to RGB parking.

HWY 75 N ACCESS

Drive north on Hwy 75 east access road toward Taylor Street; turn right on unnamed street and follow to RGB parking.



For the treatment you and your eyes deserve.