

KNOW YOUR INSURANCE PLAN

We are pleased to serve you today in our office.

As a courtesy to you, our billing department will bill your insurance company for your visits in our office. Please remember, it is still your responsibility **to know your insurance plan and benefits**. In addition, please be aware, if your insurance company does not make payment, you will be responsible for your bill.

At the time of service, you will be asked to complete a patient registration form and supply us with your current insurance card(s). If any of your insurance information changes throughout the course of your care with us, please notify us right away.

Please be aware that most insurance companies do not cover routine eye exams. If you only have medical coverage and have no medical complaint or a medical diagnosis then you will be responsible for your bill.

Our doctors charge \$40.00 for an eyeglass exam. This exam will only be done if necessary or upon your request.

I have read and understand the above stated policies.

Signature

Date