



3930 S. Bristol St. Ste 207  
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## Financial Policy

We have found that communication with our patients regarding our financial policy assists us in providing the best service to you. If you have any questions, please do not hesitate to discuss them with us.

### Insurance Verification:

As a courtesy to you the insured, See 20/20 Optometry verifies insurance benefits and coverage at the time you begin our professional services. This verification is only an estimation of insurance benefits at the time of verification and in no way a promise on behalf of the insurance company to pay for any services rendered. The patient, or legal guardian, is liable for all charges not covered by insurance. It is advisable for the patient to confirm that your policy will cover services rendered and to know if limitations apply as well as your outstanding deductibles. Furthermore, if your insurance carrier or coverage changes at any time, you are responsible for immediately providing that information, as well as a copy of the insurance card, to See 20/20 Optometry. As with any change in insurance, you are responsible for any charges that are not covered by your insurance carrier as well as deductibles not yet met. At each visit, you will be asked to pay your co-payment (if applicable) for the treatment. For your convenience we accept most credit cards and debit cards.

### Authorization:

I hereby authorize See 20/20 Optometry to provide professional services to me/my child/my legal ward.

I hereby See 20/20 Optometry to furnish my insurance carrier(s) any and all requested information concerning my health care. I also authorize my insurance carrier(s) to pay See 20/20 Optometry directly for any services rendered.

<b>Patient's Name:</b>			<b>Date</b> :	
<b>Signature:</b>				
	(Patient or Legal Guardian)			