



NAME: _____

THIS NOTICE APPLIES TO THE FOLLOWING FAMILY MEMBERS:

FINANCIAL DISCLAIMERS

Eligibility for medical insurance and/or routine vision benefits

We will attempt to verify your plan eligibility for services and/or materials before your appointment. *Verification of eligibility is done as a courtesy only and is not a guarantee of payment.* Please check with your plan administrator if you have any questions regarding your eligibility. Eyes on Twenty-Fourth Optometry do not participate in any HMO plans.

INITIAL

Liability

If I have medical insurance or routine vision benefits, I authorize my plan carrier to directly pay Eyes on Twenty-Fourth Optometry. I also authorize Eyes on Twenty-Fourth Optometry to release any information required for payment to be made. *If my plan carrier does not pay, or partially pay, I understand that I am responsible for payment in full or the remaining balance.* My signature below verifies that I understand this agreement and the above financial disclaimer.

DATE

SIGNATURE OF PATIENT IF OVER 18 OR PARENT OF PATIENT

CONTACT LENS FEES

Contact lens evaluation services are not an included part of an eye *health* evaluation and vision assessment, and additional fees may apply. Fees are customized according to the complexity of the case and the predicted time necessary to care for the individual patient.

Fees for contact lens services range between \$50 and \$180. As with glasses, contact lens materials are an additional fee. My signature below verifies I understand the contact lens fees.

DATE

SIGNATURE

REFRACTION FEE

The part of the examination that determines your prescription is called refraction. Refraction is also done under certain conditions for diagnostic purposes. *If you have routine vision benefits such as VSP and/or EyeMed, your refraction is included with your exam benefits. Medical insurances that do not include routine vision benefits, such as Medicare, do not cover refraction. The fee for a refraction is \$35.* My signature below verifies I understand the refraction fee.

DATE

SIGNATURE