Name_____ Date_____

What is the main purpose of today's visit?_____

_____

Are there any other concerns you want discussed?_____

_____

_____

Vision plans cover routine eye exams to check your eyesight, screen for potential medical problems, or prescribe eyeglasses. If a medical condition is found, we may ask you for your **medical insurance** information. Remember, that depending upon coverage, you may be asked to return for another appointment if:

- Your managed care plan requires a referral to see specialists, or
- Schedule does not allow for a complete workup of your medical condition, or
- Further testing is needed.

INSURANCE BENEFITS

We will contact your insurance to obtain your benefits. We document this information. The insurance always has the disclaimer of: **"This is an estimate and not a guarantee of payment; the final determination is made at the time the claim is received and processed for payment."**

We provide this service to assist you in determining an estimate of your out-of-pocket expense.

Most of the time we have you pay the estimated out-of-pocket expense by the time of dispensing. We will wait up to 60 days for the insurance to make payment. We expect you to pay promptly any balance after the insurance pays.

All charges for examination and/or eyewear are your responsibility. The billing of the insurance by our office is a courtesy we provide.

I have read and understand the information above and agree to pay for any services and materials I order that are not covered by the insurance.

Signature_____ Date_____