



Dear Patients:

Your medical/vision insurance is a contract between you and your insurance company. As a courtesy to you, we bill your insurance for payment. You are responsible for any deductible and co-insurance. Please check your insurance policy for specifics about your coverage.

Sometimes payment for our services goes directly from the insurance company to the guarantor. You are expected to submit this payment to us by sending us a personal check for the amount paid.

We will try hard to work with you in collecting your payment from your insurance company. However, sometime problems arise. You will be responsible for follow up and correction of these problems in such cases.

All copayments are due at the time service is rendered; however final determination of your responsibility for a particular claim cannot be made until we receive an Explanation of Benefits (EOB) from your insurance carrier.

Finally, just because you have not heard from us, do not assume your insurance company has paid all your bills. Collection from the insurance companies can take months of processing before we are notified of payment or denial. The responsibility of any unpaid bill is ultimately yours.

If you have any questions regarding this statement or any additional questions regarding office-billing procedures please feel free to contact our office. Thank You.

Patient/Guarantor Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

If Guarantor, Relationship to Patient: \_\_\_\_\_

Date: \_\_\_\_\_

