

ADVANCED BENEFICIARY NOTICE

NOTE: You need to make a choice about receiving health care services.

Your insurance co-pay is expected when services are rendered. Specialist co-pay applies.

Please call 24 hours in advance if you need to cancel or reschedule your appointment. Failure to do so may result in a charge to your account.

OUT OF NETWORK: If you have insurance that the physician does not participate with (such as most Kaiser plans) you will be responsible for any charges as a result of your visit.

ROUTINE VISION PLAN: Plans such as Vision Service Plan, Superior Vision, Eyemed, etc. cover routine eye exams and material only. If you are seen for any reason other than a routine eye exam or if any tests are performed your medical insurance will be billed.

PATIENTS WHO REQUIRE A REFERRAL BY THEIR INSURANCE COMPANY MUST OBTAIN THIS PRIOR TO BEING SEEN. IF YOU ARE SEEN WITHOUT A REFERRAL YOU WILL BE RESPONSIBLE FOR ANY CHARGES DENIED BY YOUR INSURANCE COMPANY.

YOU WILL BE BILLED FOR ANY SERVICES NOT COVERED BY YOUR INSURANCE COMPANY OR APPLIED TO YOUR DEDUCTIBLE AND/OR CO-INSURANCE. NO DISCOUNTS WILL BE GIVEN IF SERVICES ARE DENIED BY YOUR INSURANCE OR APPLIED TO YOUR DEDUCTIBLE.

Although we accept many insurances and will bill them for you, we are not responsible for your insurance coverage.

I HAVE READ THE ABOVE STATEMENTS AND UNDERSTAND MY RESPONSIBILITY FOR PAYMENT.

Date

Signature of patient or person acting on patient's behalf.