

IMPORTANT – PLEASE READ

- **COPAYS ARE ALWAYS TO BE PAID ON ARRIVAL**
 - YOUR INSURANCE COMPANY REQUIRES US TO COLLECT THIS ON THE DAY OF THE VISIT.
 - BILLING FOR COPAYS IS COSTLY AND TIME CONSUMING. WE CHARGE A BILLING FEE OF \$5.00 TO BILL FOR COPAYS.
- YOU ARE RESPONSIBLE TO CALL THE OFFICE OF YOUR PRIMARY CARE PHYSICIAN TO OBTAIN A REFERRAL WHEN NECESSARY
 - WITHOUT A REFERRAL, PAYMENT WILL BE YOUR RESPONSIBILITY.
 - WE DO NOT MAKE THIS RULE - YOUR INSURANCE COMPANY DOES.
- WE WILL CHARGE A FEE OF \$25.00 FOR THE FIRST NO-SHOW OR A FEE OF \$50.00 FOR REPEAT NO-SHOWS. APPOINTMENTS CANCELLED WITH LESS THAN 24 HOURS NOTICE ARE SUBJECT TO A FEE OF \$25.00.
- **REFRACTIONS AND ROUTINE EXAMS**
 - ARE NOT COVERED BY MEDICARE
 - MAY NOT BE COVERED BY YOUR INSURANCE COMPANY
 - PLEASE KNOW WHAT YOUR INSURANCE PLAN COVERS

PATIENT
SIGNATURE _____

DATE _____