

* Please note: Refractions (eyeglass Prescriptions) are not considered a medical necessity and therefore are not covered by most insurance plans, especially Medicare. A charge of \$35.00 will be due at the time of the visit, if a refraction is performed.

Patients with insurances which require co-pays or deductibles will be required to have a credit card on file which would be used only in the event of an outstanding balance. This card can only be used for your co-pays, deductibles, co-insurances, or balances that are patient responsibility. When we apply your payment, a receipt will be mailed out to you for your records.

Patient Name: _____ Name on Credit/Debit Card: _____

Address: _____ City & State: _____ Zip Code: _____

Type of Card: Visa MasterCard Discover (Please Circle)

Card Number: _____

Exp Date: MM _____ YR _____ Card Security Code: _____ (3 digits on back or 4 digits on front (AMEX).

PATIENT SIGNATURE

DATE

STAFF SIGNATURE