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Due to ongoing insurance policy changes, it is no longer an easy task to monitor each individual policy. Although we make every effort to stay informed of policy changes, it is not always possible. Ultimately, it is your responsibility to understand your individual coverage. Therefore, we strongly encourage you to check with your insurance company prior to any office or hospital procedure.

Please be advised that all costs incurred during your office visit that are not paid by your insurance company will be your responsibility to pay. Testing performed in the office is a completely separate charge from the physician charge. Testing charges include, but are not limited to, refractions, visual fields and photos.

Please be advised that the majority of insurance companies do not cover refractions. The refraction is the testing completed to obtain an eyeglass prescription, or to determine if eyeglasses are needed. If you have questions or concerns regarding the need for a refraction, please address them to the technician at the beginning of your exam.

Your signature below verifies that you have read and understand this statement and all of your questions have been addresses regarding your responsibility to pay for costs not covered by your insurance. In the event you have no insurance, you will be held responsible for payment.

Patient / Legal Guardian Signature

Date

Print Patient / Legal Guardian Name

Witness Signature

Date