



Patient Financial Responsibility Form

Dear Patient,

Providing the highest quality of eye care is of utmost importance to the doctors and staff at Valley Eye Professionals. Technology has greatly advanced in recent years and we now have many diagnostic tests available that greatly improve our ability to diagnose and treat your eye conditions. Unfortunately, not all insurance plans cover every test.

If your insurance covers the tests, we will submit the claims in a timely manner. If your insurance does not cover the tests, you will be financially responsible for the cost. If you choose not to have the recommended tests, the doctor can discuss how this may affect your treatment.

If your insurance requires a referral, it is your responsibility to obtain the proper referrals prior to your appointment. If the proper referral is not obtained, your appointment will need to be rescheduled.

Please understand that you are RESPONSIBLE for any deductibles, co-payments, or non-covered service under your plan regardless of your insurance (a **\$47.00** refraction exam fee for glasses is a non-covered service by some insurances and is the patient's responsibility).

If your account is not paid within 90 days of the date of service and no financial arrangements have been made, you will be responsible for all collection agency fees in addition to your outstanding balance.

We appreciate your cooperation in helping us provide the highest level of eye care at Valley Eye Professionals.

By signing this form, you accept financial responsibility for diagnostic tests that are not covered by your insurance.

Patient Name: _____ D.O.B. _____

Date: _____