

FINANCIAL RESPONSIBILITY/WAIVER FORM

**PLEASE READ AND SIGN:** Some insurance companies will NOT pay for annual eye exams. It is the patient's responsibility to know what benefits are covered by her/his insurance carrier.

We cannot change diagnosis codes or procedure codes after services have been rendered.

If you are part of a plan that requires a referral from a primary care physician and no referral is received, you may be responsible for full payment of medical charges.

If your routine vision benefits are through a routine vision plan, you may be responsible for full payment of charges.

Medicare (and most secondary payors) do not cover the cost of a refraction. Please be advised that if you wish to have this service provided to you it may result in an out-of-pocket expense, and the fee is \$30.00.

Insurance authorization, verification, referrals, co-payments and deductibles are the responsibility of the member.

I understand that if my insurance benefits and/or eligibility are not approved by my health plan then I am financially responsible and agree to pay for all charges related to the professional services of Newton Wellesley Eye Associates.

<u>Print patient's name</u>	<u>D.O.B.</u>	<u>Insurance carrier</u>
<u>Today's date</u>		<u>Patient/Guardian signature</u>
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