

Lehigh Valley Center for Sight, P.C.

INSURANCE INFORMATION

Please give all insurance cards to the receptionist.

Primary Insurance Company: _____

Subscriber's Name: _____

Subscriber's Date of Birth: _____

Relationship to Subscriber: Self _____ Child _____

 Spouse _____ Other _____

- If you have an HMO insurance and forget your referral you can:
 - a. Call your primary care physician and get the referral FAXED to us.
 - b. Reschedule your appointment. You will not be seen without a referral!
- All HMO insurance carriers specify that *co-pays* be collected at time of service.
- We accept cash, check, Master Card and Visa. There is a \$15.00 charge for all check returned from the bank for Insufficient Funds.
- All non-covered services under your insurance policy are payable at time of service.
- It is your responsibility to verify your insurance benefits with your insurance carrier prior to your appointment. Although we participate with your insurance carrier every policy is different. Call member services at the number on the back of your insurance card and verify your benefits.
- It is your financial responsibility for any and all deductible or coinsurance amount processed by your insurance company.
- If you are here for a medical exam and choose to have a glass refraction done, there will be a \$40.00 charge for this service.

"I understand the above office policies, and agree to any financial responsibilities:

X Patient / Guardian Signature _____ Date _____