

VISION SERVICES FEE INFORMATION

Vision Services are not a covered benefit under your insurance plan medical benefit package, this includes: routine eye examinations to check vision problems, vision services, refractive examinations, and prescriptions for glasses and contact lenses. If you have requested that any of these services be performed by a network ophthalmologist, you will be charged his/her usual and customary fee to provide these services, and you will be required to pay this fee to the ophthalmologist at the time the service is rendered.

This information is being provided to you so that you may make an informed decision before receiving these services. We recommend that you contact your insurance carrier to obtain complete information regarding vision services available to you. At the time the services are performed, you will be required to pay for the vision services provided in addition to your usual co-payment if medical services were rendered at the same time. Because these services are not a covered benefit, you may not seek reimbursement for these services from your health plan at a later date.

This information is being provided to you so that you may make an informed decision before receiving these services. We recommend that you contact your insurance carrier to obtain complete information regarding vision services available to you.

I have read the above information and understand my financial responsibility.

Member Name (Printed)

Name of Legal Guardian (if Minor)

Signature

Date (mm/dd/yyyy)