



## ROUTINE EXAMS

We have recently come across many situations where we have been provided with inaccurate information from insurance companies. For this reason, we will no longer check routine exam eligibility. Unfortunately, we must pass this burden and risk onto our patients.

By signing below, you are acknowledging that you will be responsible for a total exam and refraction fee of \$120.00 if your insurance does not cover a routine exam. We will bill your insurance for both an exam and a refraction.

---

Patient Name

---

Patient/Representative Signature

---

Date