

Stephen H. Means, O.D. & Associates

Stephen H. Means, O.D. & Associates takes pride in serving patients with the utmost care and satisfaction. While our company does provide you the opportunity to apply vision care insurance to your services and materials, we cannot assume responsibility for your insurance policies.

Verification of benefits and authorizations from your insurance company is not a guarantee of payment. Final determination of your benefits is made when your insurance company processes your claim. Therefore, the amount you will pay today is your estimated portion. **In the event your insurance company cannot or will not comply to make payment for your services, you, the patient, are responsible.**

Attention Contact Lens Patients

If you are having a contact lens evaluation today please initial the following:

A Contact lens evaluation is elective and is, therefore, **not covered by your insurance company in most cases.** If you are using your contact lens allowance to purchase your contacts lenses today, you may deduct the cost of your evaluation from that allowance. **If you do not purchase contact lenses today or if you are using your insurance to purchase your glasses, you are responsible for paying the contact lens evaluation fee.**

Initials _____

Assignment and Release

I hereby authorize Stephen H. Means, O.D. & Associates to release any information required to process my insurance claim. I also authorize my insurance benefits to be paid directly to Stephen H. Means, O.D. & Associates. I understand that I am fully and financially responsible for any charges my insurance company cannot or will not pay. I understand that Stephen H. Means, O.D. & Associates will bill me for any items and/or services that are denied by my insurance company. I understand that I am personally and financially responsible for these charges and will not hold Stephen H. Means, O.D. & Associates liable for my insurance policy.

(Patient's Signature/Parent if minor is insured)

(Date of Service)