

Danbury Eye Physicians & Surgeons, P.C.

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PATIENT NAME: _____ DOB: _____

Dear Patient,

There are a variety of insurance plans available to patients; it is your responsibility to know the details of your insurance coverage.

If you have requested a **Routine Vision Examination** today; the diagnosis on your bill will correspond with your appointment and will be coded as a **Routine Vision Examination**. **This diagnosis cannot be changed.** If your insurance company denies your visit because they don't cover routine exams, **you will be responsible.**

A Routine Vision Examination

- Is a general wellness eye exam
- Ocular complaints or medical symptoms cannot be addressed at this visit. A separate appointment will have to be made to evaluate these concerns.

Refraction –\$75

- Is a necessary test performed in order to issue you a new prescription for eyeglasses or contact lenses.
- **IT MAY NOT BE COVERED BY YOUR MEDICAL INSURANCE COMPANY.**

Referral Plans

If you are scheduled for a medical eye problem and you have an insurance referral plan **it is your responsibility to obtain a referral prior to your visit.** If you fail to do so, your insurance plan will not cover any part of the charges, costs or expenses related to this medical examination.

Thank you for your cooperation.

I understand that if my insurance company does not cover this exam, I will be responsible for all charges.

Signature of Patient or Guarantor

Date

Relationship to Patient: _____

Connecticut Eye Consultants, P.C.