



# Connecticut Eye Consultants, P.C.

Formerly Danbury Eye Physicians & Surgeons/Greater Waterbury Laser Eye Physicians/Lakeville Eye Associates

Phone (203) 791-2020 • Fax (203) 778-6238 • CTeye2020.com

Billing Department (203) 792-4880 • Fax (203) 778 6238

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.

**MEDICARE does not cover Routine Vision Exams or Refractions.**

**WE DO NOT PARTICIPATE IN VISION PLANS** (i.e. BlueView Vision, VSP, Spectera etc.)

---

### Routine Vision Examinations

General eye exam. Medical symptoms or complaints cannot be addressed at this visit.

If you have a 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.

A no-show fee of \$75 will be applied to appointments that are not canceled at least 24 hours in advance.

**MAY NOT BE COVERED BY YOUR MEDICAL INSURANCE**

### Refractions –Cost of \$75

A required test to issue a new prescription for eyeglasses or contact lenses.

**MAY NOT BE COVERED BY YOUR MEDICAL INSURANCE**

### 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.

---

***I understand that if my insurance company does not cover this exam, I will be responsible for all charges. In the event my account is referred to a third party for collection, I will be responsible for any collection fees incurred in the collection of this debt.***

\_\_\_\_\_  
Patient or Guarantor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Patient