



## Insurance Policy

Comprehensive eye examinations will be billed to the patient's vision insurance policy if there is a routine diagnosis. In the event there is a medical diagnosis it will be billed to your medical insurance and subject to deductibles and co-insurance. Please be advised if you are using insurance coverage for today's visit, this is a contract between you and your insurance company, not Clear Sight Northwest. All copays are due at the time of appointment. All benefits quoted are not a guarantee of payment by your insurance company and final determination can only be made when the claim is processed. If your insurance company has not reimbursed our office in full within 90 days, you will be responsible for paying for those office fees.

**Please give 24 hours notice if you cannot make your scheduled appointment. If you fail to do so, there will be a \$39.00 No Show fee.**

**Co-Pay is due at time of service**

**Eyewear returns are subject to a 20% restocking fee based on the frame.**

I Agree

Signature: \_\_\_\_\_ Name: \_\_\_\_\_

Date: \_\_\_\_\_