



## 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** the claim will be billed to your medical insurance and subject to deductibles, copays 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 (Kent Eye Clinic). All copays are due at the time of appointment. All benefits quoted are not a guarantee of coverage or 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.

If there is a medical diagnosis, the claim will be filed to your Primary Medical insurance and deductibles/copays/coinsurance will apply. Kent Eye Clinic does not bill secondary medical claims; however, we are happy to print itemized receipts so that you may file the claim with your secondary insurance.

**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: \_\_\_\_\_