



Financial Responsibility

We are happy to file insurance claim forms or take assignment on your medical/vision plans of which state you are a member. We will do all we can to help receive maximum benefits, however, in the event that the plan sponsor determines that you are not eligible for coverage at the time of service, or makes a determination that you are eligible for a reduced level of coverage, by signing this statement you hereby agree to be financially responsible for any and all charges incurred by you and not paid by the plan sponsor.

Signature of patient or person acting on patient's behalf

Date