



Financial Disclosure

We believe in full transparency!

- I understand that vision plans (VSP, EyeMed, etc) are NOT medical insurances and therefore only cover routine vision services
- I understand vision plans do NOT cover or contribute to chronic management or treatment of ocular disease, medical procedures, or specialized testing
- I understand that medical insurance will be necessary to cover or contribute to medical diagnoses, management or treatment of ocular disease, or other medical procedures
- I understand that in order to maximize my usage of benefits, DeNovo Eye requires all patients to present both medical insurance and vision plan information at the time of scheduling appointment
- DeNovo Eye requests that all professional services, material charges, and fees be paid at the time services are rendered by the patient unless other written arrangements are made in advance
- The undersigned will ultimately be responsible for any bill incurred in this office regardless of insurance coverage
- Unpaid accounts exceeding 90 days are subject to collection fees
- There will be a service charge of **\$30.00** on all returned checks
- Maestro Retinal Imaging = \$45.00
 - This test is included in our comprehensive eye exams to establish an ocular health baseline for ALL of our patients, and is part of our standard of care
 - I understand this is NOT an optional test and will be performed on every comprehensive exam
 - I understand that this is NOT covered by any Vision Plan (VSP/Eyemed). Routine dilation will be performed in addition to this test as per the discretion of the doctor for each individual case
 - Your doctor will carefully review any findings or abnormalities during your exam

I hereby understand and fully agree with the above office policies, charges, and protocols

Signature

Date