



## RENAISSANCE EYE CARE

### OUR POLICY REGARDING INSURANCE

Our office will be pleased to accept your insurance assignment as soon as the responsible party verifies your exact coverage. We will file your claim forms and assist you in every way we can.

However, it must be fully understood that the contract is between **you and your insurance company** and you are fully responsible for any amount not paid by your insurance.

1. Since by taking your insurance on assignment we have to wait for payment, this courtesy may be withdrawn if circumstances warrant it.
2. Our office can **NOT** guarantee what your insurance will pay. We will make every attempt, at the beginning of your health care, to receive verification of your policy and what it covers. However, if for some reason, your insurance claim is denied, you are responsible for the full amount of your bill.
3. Our office will **NOT** enter into a dispute with your insurance company over your claim. This is your responsibility and obligation.
4. The patient and office manager and/or other representative must sign all special arrangements regarding finances.

If you understand and agree with all of the above policies, please sign your name below and we will accept your insurance assignment when coverage is verified.

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Signature of patient

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Date