

Sugar Creek Eyecare, P.C.

We would like to inform you that we are providers for the following insurances:

~This must be signed in order for us to file your insurance!~

- Medicare and Managed Care Plans through Medicare
- Medicaid/Managed Health Services/MD Wise/ Anthem through Medicaid
- Davis Vision through Reynolds Packaging/ Alcoa/CSI
- VSP (Many companies in this area have vision coverage through VSP, it is the patient's responsibility to know if they have this coverage.)
- Nucor Safety Program
- Comp Benefits

By signing below, I am giving Sugar Creek Eyecare, P.C. permission to submit information to the insurance company and to collect fees for services provided. I also acknowledge that any co-pays or overages are due when services are rendered.

Signature: _____ Date: _____

If your insurance is not mentioned above, then we are OUT-OF-network providers and payment **will be due at the time that services are rendered.** There will be NO exceptions to this rule! **We can file your insurance as a courtesy to you, but it will not be accepted in lieu of cash.** By signing below, I am stating that I have read and understand the above payment information.

Signature: _____ Date: _____

By signing below I agree that I am responsible for payment of all fees not paid by my insurance, including but not limited to, deductibles, co-pays, and disallowed services, any interest or fees assessed to my account for past due balances, returned checks and **any and all fees incurred as a result of a collection agency, attorney fees and court costs.** Your account may also be subject to a 1.5% monthly service fee for past due balances.

Signature: _____ Date: _____