

FINANCIAL AGREEMENT: Payment for services is due in full at the time services are rendered. 50% down payment of your portion must be made for any glasses or contact lenses at the time they are ordered, with the remaining balance due at the time of pick-up. Direct ship contacts must be paid in full at the time of order. Kuhar Vision will bill insurance as a courtesy, but this is not a guarantee that insurance will pay for services rendered or materials provided. **It is the patient's responsibility to know insurance benefits and coverage. The patient is responsible for all co-pays, deductibles and services or materials not covered by insurance.**

Contact lens evaluation and fitting is an additional charge not included in the comprehensive exam fee. The charge for this additional service is dependent on the type of lens and complexity of the contact lens fit decided by the doctor. The fee includes initial visit, contact lens training, trial lenses and all follow-up appointments. Charges for fitting fees are due at the initial appointment. Standard contact lens fitting (Spherical) is \$75.00 and Premium fitting (Toric/Multi-focal/Gas Perm/Monovision) is \$95.00. Medically necessary including Keratoconus, Specialty and hybrid is \$185.00.

NON-COVERED SERVICES: Kuhar Vision Care agreements with health insurance plans relates only to items and services which are "covered" by the insurance plans. **The patient accepts full financial responsibility for all items or services, which are determined by insurance not to be covered including the refraction fee (medicare).**

By signing this form I authorize Kuhar Vision Care to submit to my insurance carrier on my behalf.

I understand and will comply with the above policies and payment of fees.

Patient Name _____

Patient/Guardian Signature _____

Date _____