

Milauskas Eye Institute

Eye Surgery Center of the Desert

Verification of coverage through your insurance company is not a guarantee of benefits of payment.

Benefits are payable upon receipt of satisfactory proof of loss and in accordance with the certificate of insurance. Specific exclusions may apply.

Your surgical procedure will be billed to you insurance company(ies), however, it is the patient's responsibility for knowing and understanding his or her coverage. It is also the patient's responsibility for payment of any balance not covered by his or her insurance plan.

I have read and agree with the aforementioned statement. I agree to pay any balance not covered by my insurance plan.

Patient name _____

Patient number _____ Date _____

Patient Signature _____

Witness _____