

AGREEMENT TO PAY FOR SERVICES FILED UNDER INSURANCE

I _____ have been notified by Bryant Eyecare Clinic that they will file my insurance. I am responsible for paying the charges billed to the insurance company, if the insurance either denies or applies the amount to the deductible.

I will be personally and fully responsible for this balance upon being notified by Bryant Eyecare Clinic or by the insurance company of their ruling as to the payment of filed charges.

_____ Date _____
Patient

Staff