

# **FAMILY EYECARE OF VIRGINIA, OPTOMETRY**

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## **FINANCIAL AGREEMENT:**

Family Eyecare of Virginia appreciates the opportunity to provide you Eyecare and Eyewear. As a courtesy to you, we will file your Insurance claims only to your Primary Insurance Provider.

Some Primary Insurance Providers automatically forward claims to Secondary Insurance Providers. Any balance not paid by your Primary Insurance Provider is fully the patient's responsibility.

I, \_\_\_\_\_ agree to the following:

(Initial below)

\_\_\_\_\_ COPAY: I am responsible to pay my Co-pay at the time of service.

\_\_\_\_\_ CO-INSURANCE: I am responsible for any balance my Primary Insurance Provider identifies as Co-Insurance/Patient Responsible.

\_\_\_\_\_ SECONDARY INS: I am responsible to file claims with my Secondary Insurance Provider, if my Primary Insurance Provider does not forward my claim to my Secondary Insurance Provider.

\_\_\_\_\_ DEDUCTIBLE: I am responsible to pay Family Eyecare of Virginia, any amount my Insurance Provider identifies as Deductible.

\_\_\_\_\_ I am aware the amount of my deductible will be determined by my Primary Insurance Provider, after the claim is filed and processed by them.

\_\_\_\_\_ REFRACTION: I am responsible to pay for refraction at time of service, if it is not covered by my Primary Insurance Provider. Medicare DOES NOT pay for refraction, and therefore Medicare supplements (Secondary) do not pay for it.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_