



## Patient Financial Responsibility

At Pediatric Ophthalmology Consultants, L.L.C. our goal is to provide the best and most efficient eye care for our patients. In order to better prepare our patients for cost of services not covered by insurance, the following items are required to be paid at the time of service.

**Co-payments**

**Routine Eye Exams**

**Previous Balances**

**Refraction**

**Missed Appointments**

We only bill medical insurance. We do not bill vision insurance.

Thank you for choosing Pediatric Ophthalmology Consultants for your eye care needs. I have read, understand, and accept the responsibility for the payment of the above items.

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Signature of the Patient or Legal Guardian