

Sight & Style

DR. JOHN M. BEVIL, OD
Therapeutic Optometrist
Board Certified Glaucoma Specialist
Sports Vision Specialist

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SightandStyle.com

FINANCIAL RESPONSIBILITY STATEMENT

To our patients with Vision Benefits:

We will be happy to take assignment as a provider on your vision benefit, or help you file your insurance claim with your medical receipt, as designated by

Plan which you state you are a member. This service will be provided to you at no additional charge to you. We will also do all that we can to assure you receive maximum benefits provided to you.

However, in the event that the Plan Sponsor determines that you are not eligible at the time of service. Or makes a determination that you are eligible for a reduced level of coverage, by signing this statement you do hereby agree to be financially responsible for any charges incurred by you and not covered by your Plan. Thank You.

Patient's name: _____

Patient's signature: _____

Primary Holder Name: _____

Address: _____

Telephone: _____

Date of Birth: _____

Employer: _____