Vision Institute of Michigan

44650 Delco Boulevard, Sterling Heights, MI 48313 (586) 254-1770
21932 23 Mile Road, Macomb, MI 48042 (586) 421-1030

www.vimichigan.com

I would like to use: ☐ Medical insurance ☐ Vision insurance ☐ No insurance; patient pay
I understand final determination on what insurance will be billed is determined by my diagnosis.

_____ _____
Patient's or Legal Representative's Signature Date

Patient's Name: _____

I have received a complete copy and agree to the terms of Vision Institute of Michigan, PC (VIM) Notice of Privacy Practices/Consent for Treatment, and Financial Policy. In consideration of the services provided to me, I agree to pay all charges not covered by my insurance company, or other applicable health benefit provider. I understand that it is my responsibility to:

- Know what my insurance benefits cover, including:
  - Testing, procedures, surgeries, office visits and hospitalizations
  - Co-pays and deductibles
  - Pre-authorization requirements for any services prior to my visit
- Fully pay all deductibles, co-payments, non-covered services by cash, check or charge on the day the service is provided – unless prior arrangements have been made between the office manager and myself.
- Compensate VIM for all charges for services rendered despite any disputes or disagreements between my insurance company and myself.

_____ _____
Patient's or Legal Representative's Signature Date

I approve of the sharing of my health and billing information with the following:

_____ _____
Name Relationship

_____ _____
Print Patient's Name Date

_____ _____
Patient's or Legal Representative's Signature VIM Employee Signature

Patient Account # _____