



## Financial Agreement

### Patients Using Insurance:

Insurance is not a substitute for payment and will be considered a form of reimbursing the patient for fees paid to a doctor. You must be responsible for any deductibles, remaining balance not covered by your insurance, and co-insurance. If your eye doctor, Dr. Jessica Grace, OD, is not a panel provider for your insurance, you are responsible for paying services on the day they were performed.

I request and authorize that the payment of all authorized insurance benefits for **ANY** insurance company be made for me for any services rendered or materials provided to me by Dr. Jessica Grace of Grace Vision Care OD, PLLC. I understand that although my insurance company will be billed, I am responsible for any remaining services and materials not covered by insurance. I also understand that I **MUST** be eligible for any services rendered at this time, for insurance to be billed, otherwise I am responsible for the charges.

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Signature (Patient or Parent, if minor)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

### Self Pay Patients Only:

I hereby acknowledge that I will not be using insurance to cover any portion of my visit, and that I will be solely responsible for the charge(s) for the services rendered in office. I understand that full payment is due at the time of service and/or when materials are ordered or received.

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Signature (Patient Or Guardian, If Minor)

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Date