Minou W. Colis, M.D.
2440 Ravine Way, Suite 600
Glenview, IL 60025
847-724-9400
847-724-9401

ACKNOWLEDGMENT OF FINANCIAL RESPONSIBILITY

Refraction: A refraction is part of a full eye exam and is used to determine the refractive error of your eyes. It is also used to prescribe glasses. Insurance companies, including Medicare, DO NOT PAY for this test, therefore, there is a separate fee for all refractive tests.

Co-pay: This is a fee predetermined by your insurance company and accepted by you when you sign the agreement with your insurance company. This co-payment is due at the time of service.

Deductible: This is also a fee that is agreed upon by you and your insurance company. When a deductible applies you will be notified by receiving a statement of payment due by our office.

Referral: You are responsible for securing any written referrals mandated by your insurance company. You will be responsible for all charges incurred in the event that your insurance plan does not cover services rendered.

I understand, acknowledge, and agree that I am responsible for any health care services provided to the extent not covered by my health insurance (including Medicare). These payments will be at the doctor's usual and customary rates. I understand that the decision to proceed in any nonpayment by the plan is mine, and that I understand the consequences of not proceeding with the service.

PAST DUE ACCOUNTS: Past due accounts will be referred to a Collection Agency. A collection fee of up to 30% will be added to the balance to recover costs of collection. In the event that litigation is necessary, you will be liable for court costs and attorney fees as well.

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Signature Date