Eye Care Associates, P.C.
26850 PROVIDENCE PARKWAY, SUITE 150 • NOVI, MICHIGAN 48374
248-380-8066, FAX 248-380-8087

Peter M. McCann, M.D.
Ophthalmology

David A. Wadowski, M.D.
Ophthalmology

I hereby acknowledge that I understand and/or agree to the following:

That there is a difference between MEDICAL insurance (coverage for exams with a medical diagnosis) and VISION insurance (coverage for exams that test for changes in glasses prescriptions).

My insurance program may not pay for the refraction examination (the exam where the doctor tests for glasses).

I am responsible for payment for any professional services and/or materials which are not covered under my insurance program, including any copays or deductible for covered services and/or materials.

My insurance coverage is a contract between my insurance carrier and myself and not with the provider's office. If I have any dispute with "non-covered" services, I will take it up with my insurance company.

If I have an insurance that my provider doesn't participate in, I will be provided with an itemized receipt that I may submit to my insurance for reimbursement.

Date of Birth: ____________________________

Name (printed): _________________________________ **Date:** ________________________

Signature: ____