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**Chicagoland Oculoplastics  
Consultants**

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## STATEMENT OF FINANCIAL RESPONSIBILITY

Dear Patient,

Welcome to Chicagoland Oculoplastics Consultants. Thank you for choosing us as your health care provider. During your visit, it may be necessary to document your condition with medical photographs. These photos are for documentation purposes and are often necessary in order for insurance plans to deem medical necessity for surgical procedures. The photos will not be shared outside of your medical record/with your insurance company in any capacity, unless your consent is explicitly provided. While most insurance plans do cover the cost of these medical photographs, there are some insurance plans that may deny coverage. If this is not a service your insurance covers, you may be responsible for up to \$70 for the photos. These photographs are also subject to deductible/co-insurance/contractual adjustment.

Please note that in most cases, these photos are a medical necessity and we cannot proceed with care unless the photographs are obtained.

### **BENEFICIARY AGREEMENT TO PAY:**

Based on the above information, I agree to pay for all charges associated with services related to this visit that are not covered by my insurance plan.

Beneficiary Signature \_\_\_\_\_ Date \_\_\_\_\_