



NORTHERN ILLINOIS
EYE CLINIC

**IF YOU WANT A NEW GLASSES PRESCRIPTION THE
FOLLOWING
GLASSES AND CONTACT LENS POLICY
APPLIES:**

GLASSES: CHECKING FOR A GLASSES PRESCRIPTION IS A SERVICE RARELY COVERED BY MEDICAL INSURANCE. THERE IS A **\$40** FEE FOR THIS SERVICE.

CONTACT LENSES: CONTACT LENS PRESCRIPTIONS ARE NOT A COVERED EXPENSE WITH MEDICAL INSURANCE. THERE IS AN **\$85** FEE FOR THIS SERVICE DUE AT THE TIME OF APPOINTMENT.

I UNDERSTAND THE ABOVE AND BY SIGNING AGREE TO OFFICE POLICY.

I UNDERSTAND CHARGES ARE DUE AT TIME OF SERVICE.

Signature of patient, parent or legal guardian

Date