

Harleysville Eye Associates
426 Main Street
Harleysville, PA 19438
215.256.6735

Paul T. Forrest, O.D.
George E. White, O.D.
Sara Bonds, O.D.
Robert S. Duszak, O.D.

It is hereby agreed and understood that Harleysville Eye Associates will ONLY submit to Insurance provided at the time of your visit. Incorrect insurance provided at the time of your visit will result in you being responsible for the visit in full.

Routine vision is through your Vision Provider and ANY testing will go through your Medical Insurance (NOT ROUTINE).

If for ANY reason a referral is required by your Insurance, YOU are responsible for contacting your Primary Care Physical PRIOR to your visit with your office. If your referral is not present for your visit you will be responsible for payment in full at the time of service.

It is hereby agreed and understood that if for any reason Insurance denies your claim YOU will be responsible for payment in full at the time of receipt.

PRINT PATIENT'S NAME

SIGNATURE

(If patient is minor Parent or Legal Guardian's signature is required)