



Dr. David J. Matthews, OD

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I understand that Devine Eyes will make every effort to help me get the maximum benefit from my insurance plan(s). However, I also understand that Devine Eyes cannot guarantee that every item billed to my insurance(s) will be covered by my plan.

I further understand that the staff of Devine Eyes will gladly answer any questions I may have about the coverage issues before services are rendered.

Finally, I understand that insurance usually does not pay for any service in full and that my plan(s) may not cover some services at all. I agree to pay for any service that my insurance company does not cover. I also agree to pay any co-pays, coinsurance and deductible amount due at the time of service.

Print Name: _____ Date: _____

Signature of Patient/Guardian or Legal Representative: _____