

Lederman and Lederman, LLP
Pediatric Ophthalmology
Strabismus

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Stamford, CT 06902

Website: www.ChildrensEyeMD.com
Email: Doctors@ChildrensEyeMD.com

Patient's Name

Insurance Carrier

Insurance ID #

Your insurance company may not cover the following procedures:

Refraction
Sensorimotor Examination
Visual Field Testing
Contact Lens Fitting and Supply

In addition, your insurance company may deny payment for certain diagnoses, particularly, but not limited to:

Myopia
Presbyopia
Hyperopia
Astigmatism
Blurred Vision
Headaches

Referrals are due on the day of examination. If there is no referral, you are responsible for payment.

I have read the above and understand that I am responsible for any and all charges not covered by my or my child's insurance carrier.

Signature

Date