



# WOLSTAN & GOLDBERG EYE ASSOCIATES

EXCEPTIONAL FAMILY VISION CARE FOR OVER 30 YEARS

BARRY J. WOLSTAN, MD | DAMIEN F. GOLDBERG, MD | DAVID A. MARKMAN, MD | T. MAI PHAN, MD

\_\_\_\_\_  
Patient's Name & Date of Birth

## ASSIGNMENT OF BENEFITS Medicare and/or other insurance

I hereby authorize payment of my medical, surgical and vision benefits to Wolstan & Goldberg Eye Associates. I authorize this office to release any information required to process all claims for reimbursement on my behalf. The above providers participate with Medicare and other insurances, therefore I understand that the patient is responsible for applicable deductibles, co-insurance, co-payments and non-covered services. I understand I am financially responsible for any charges incurred if my insurance is not in effect on the date of services. A copy of this authorization may be used in place of the original.

\_\_\_\_\_  
Patient Signature  
(Guardian signature for minors)

\_\_\_\_\_  
Date

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## REFRACTION AND CONTACT LENS POLICY

A refraction is a measurement of the lens power necessary to prescribe glasses or other corrective lenses. Most medical insurance plans, including Medicare, DO NOT cover refractions, routine eye examinations (where no medical eye problem is known or suspected), or contact lens evaluations. If you are interested in a new prescription for glasses or contact lenses, please inform the office staff so that the proper examination can be performed.

\_\_\_\_\_  
Patient Signature  
(Guardian signature for minors)

\_\_\_\_\_  
Date