

(This should be printed on your letterhead.)

WAIVER OF LIABILITY FOR DELUXE FRAMES

PATIENT'S NAME: _____ **HIC#:** _____

Having been informed that an extra charge is being made for Deluxe Frames, that this extra charge is not covered by Medicare, and that Standard Frames are available for purchase at no extra charge, over and above coinsurance and any deductible, I have chosen to purchase the Deluxe Frames.

Retail Price \$ _____

Medicare allowable for standard frame \$ _____

Amount Owed by Patient for deluxe frame upgrade \$ _____

PATIENT SIGNATURE: _____ **DATE:** _____

WAIVER OF LIABILITY FOR DELUXE LENSES/FEATURES

I understand that Medicare will not pay for scratch resistant coating, anti-reflective coating, edge polish, and progressive add-ons.

Having been informed that an extra charge is being made for these deluxe items, that this extra charge is not covered by Medicare, and that standard lenses are available for purchase at no extra charge over and above coinsurance and deductible, I have chosen to purchase the deluxe lenses and features.

Retail Price \$ _____

Medicare allowable for standard lenses \$ _____

Amount Owed by Patient for deluxe lens upgrades \$ _____

PATIENT SIGNATURE: _____ **DATE:** _____