

**Roger J. Meyer, M.D.**

*Board Certified  
Retina Fellowship Trained  
Macular Degeneration  
Diabetic Eye Care • Glaucoma*



**David J. O'Brien, M.D.**

*Board Certified  
Fellowship Trained Refractive Surgeon  
General Ophthalmology • Glaucoma  
Eyelid Surgery • Aesthetics*

**James E. Copeland, Jr., M.D.**

*Board Certified  
Honorary Staff*

**Paul V. Minotty, M.D.**

*Board Certified • Cataract Surgery  
General Ophthalmology • Glaucoma*

**Stephen M. Tate, M.D.**

*Board Certified • Cataract Surgery  
General Ophthalmology • Glaucoma*

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Please read the following Payment Policies before your appointment.

Our office files your insurance as a "courtesy"

If your Doctor is an in-network provider for your insurance,  
**YOUR COPAY MUST BE PAID AT THE TIME OF SERVICE**  
**ALL DEDUCTIBLES ARE DUE AT THE TIME OF YOUR VISIT.**

Please note - Each insurance policy is different. It is your responsibility to know your policy. If pre-authorization is needed, then it is your responsibility to notify our staff so we may obtain authorization. If authorization is not obtained, it is your responsibility to pay for all charges incurred. Remember, your insurance policy is a contract between you and your insurance company. It is not a contract between you and our Doctors. In order for us to process your insurance, we must have a copy of the card. It is also your responsibility to let us know if there is a change in your insurance information.

If you have any questions or are not prepared to pay for your appointment, please notify one of our office staff prior to your appointment. If you are unable to pay for residual balances from previous dates of service you may be asked to reschedule your appointment.

There is a \$10.00 charge for NSF checks.

**We do not participate with any HMO plans.**

**\*Self pay patients are expected to pay in full at time of service.**

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Signature

Print Name

Date

(By signing this document, I am stating that I have read and understand the above information)