



KARL C. SALIBA, O.D.

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PREVENTIVE OPTOMETRY

To Our Patients:

Please read carefully and sign the following:

This office is a participating eye care facility for Vision Service Plan, Medicaid and Medicare patients with Medicaid.

Medicaid cardholders are required to pay their \$1.00 co-pay (if applicable) at the time of their visit.

Vision Service Plan patients, your co-pay/deductibles and extra charges are due at the time of service.

For patients with other Insurance carriers, a claim form will be submitted by this office upon request. You are, however, required to pay for your office visit at the time services are rendered.

If you cannot pay at the time services are rendered, please inquire at the front desk about alternative payment options.

Thank you in advance for your cooperation.

Patient Signature

Date