



Amy M. Desmond, OD, FCOVD

Dana R. Greiss, OD, FCOVD

Pursuit Vision Center is a **non-participating provider** with medical and vision insurance companies. You will be responsible for payment of fees at the time of service. We will provide you with a detailed receipt including all CPT and diagnosis codes needed, should you choose to self-submit to your insurance company for possible reimbursement.

We are happy to provide any signatures or documentation that you may require to help aid in your submission to your insurance company.

****Due to the two-hour time reservation with the doctor for your appointment, there will be a \$75 no show fee or cancellation fee without a 48-hour notice. Please call our office as soon as possible if you find you cannot keep your appointment. ****

I have read the above statement and understand that I am responsible for all payments and fees at the time of service.

Patient Name: _____

Patient/Parent Signature: _____

Date: _____

24-E East Roseville Road Lancaster, PA 17601 *717-983-8836 *Fax 717-983-8649

Located at Sterling Center