

We are not in network with Aetna **VISION**.

We are in network with Aetna **MEDICAL**.

We can **ONLY** submit to the medical insurance. Deductibles apply!

By signing, you are acknowledging that you were informed and should the visit hit your deductible, you will be responsible for payment.

Print Name: _____

Date: _____

Signature: _____

We hope you have a good visit with us!