

WELCOME TO TSO OF MCKINNEY

TO OUR PATIENTS WITH VISION BENEFITS

IT IS OUR PLEASURE TO HELP YOU FILE YOUR INSURANCE CLAIM FORMS OR TAKE ASSIGNMENT ON YOUR VISION BENEFITS AS DESIGNATED BY THE VISION PLAN OF WHICH YOU HAVE INDICATED YOU ARE A MEMBER. WE PROVIDE THIS SERVICE AT NO ADDITIONAL COST TO YOU AND WILL DO ALL THAT WE CAN TO HELP YOU RECEIVE THE MAXIMUM BENEFITS ALLOWABLE UNDER YOUR PLAN.

IN THE EVENT THE PLAN SPONSOR DETERMINES THAT YOU ARE NOT ELIGIBLE AT THE TIME OF SERVICE OR MAKES A DETERMINATION THAT YOU ARE ELIGIBLE FOR A REDUCED LEVEL OF COVERAGE, YOU WILL BE FINANCIALLY RESPONSIBLE FOR ANY AND ALL THE CHARGES INCURRED BY YOU AND NOT PAID BY THE VISION SPONSOR.

YOUR PROOF OF INSURANCE BENEFITS AND ANY DISCOUNT PROGRAMS MUST BE PRESENTED AT TIME OF SERVICE.