

PEREZ EYE CARE

2252 W. Cermak Rd
Chicago, IL 60608
773.847.1581

25 E. Washington St., Suite 820
Chicago, IL 60602
312.332.0921

Patient Responsibility Statement

Date: _____

I, _____ (Patient Name) understand that if my eligibility cannot be verified or if my insurance does not pay Perez Eye Care (provider) that I will be financially responsible for payment of all charges incurred for services rendered from this office.
