



established 1953

1660 Western Ave, Albany, NY 12203

518-218-7970 (Phone)

518-218-7919 (Fax)

I understand that Casey Vision Care will be billing my insurance company. If, for any reason, my insurance company does not pay Casey Vision Care for services provided, I agree to pay Casey Vision Care in full for all services rendered.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_