

Dr. Wayne Chan, O.D. / Studio Optics
229 Berkeley Street
Boston, Massachusetts 02116
617-247-0012 (phone or fax)

ACKNOWLEDGEMENT OF RECEIPT

I acknowledge that I received a copy of Dr. Wayne Chan O.D / Studio Optics Eyecare's Notice of Private Practices.

Patient Name _____

Patient SSN _____

Signature _____ Date _____

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COORDINATION OF BENEFITS

I, _____ (patient name) acknowledge that:

* The doctor will submit a claim to my vision plan for all covered vision services that have been provided.

* The doctor will coordinate coverage with my vision benefit and other insurance plan that I have coverage with.

Signature _____ Date _____