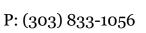


Patient Name:

Dr. Jeff Berger, O.D., FCOVD Dr. Michael Koditek, O.D., FAAO Dr. Taylor Kiyota Jackson, O.D.

MiBo Thermoflo Financial Responsibility

	•	rpose of this form is to help you make an informed choice about you decide about your options, please read this entire notice caref	•
in	the I	Thermoflo treatments are controlled heat treatments that break dow Meibomian Glands. By liquifying the oils, your glands become more ing gland health and dry eye symptoms.	
	N	ledical and/or Vision Insurance plans do not cover this tre	eatment.
th	e day	tient will be financially responsible for this procedure. Fees will be or of the treatment. The service will not be submitted to insurance.	collected on
O.		3 Mibo Thermoflo Sessions (Recommended)	\$400
		3 sessions scheduled at two-week intervals.	
		 Multiple sessions show greater improvement in gland function and symptoms because they address multiple cycles of the body's natural oil production. 	
		1 Mibo Thermoflo Session	\$150
		I do not want the services listed above.	
		read and understand the above statement and agree to pay for all tand that my insurance will not be billed for the procedures listed al	
Signature: Date:			. <u></u>
			0



F: (303) 833-1057



