

Financial Information for Laser Eye Surgery

Date: [Insert Date]

Dear [Patient's Name],

Thank you for considering our clinic for your laser eye surgery. We understand that financial planning is an important part of your decision-making process. Below, you will find detailed information regarding the costs associated with the procedure.

Cost Breakdown

- Initial Consultation Fee: \$[Amount]
- Laser Eye Surgery Fee: \$[Amount]
- Post-Operative Care Fee: \$[Amount]

Total Estimated Cost: \$[Total Amount]

Payment Options

We offer the following payment options:

- Credit Card
- Payment Plan (12-month and 24-month options)
- Health Savings Account (HSA) or Flexible Spending Account (FSA)

Insurance Information

Please check with your insurance provider to see if you have coverage for laser eye surgery. We are happy to assist you in this process.

Contact Us

If you have any questions or need further assistance, please do not hesitate to contact our financial department at [Phone Number] or [Email Address].

Thank you for considering our services. We look forward to helping you achieve clearer vision!

Sincerely,

[Your Name]

[Your Title]

[Clinic Name]

[Clinic Contact Information]