Dr. Peter W. Ross, O.D.
Dr. Larry K. Wan, O.D.
Dr. Peter H. Taylor O.D.
Dr. Jeanine Tuan O.D.
Dr. Nina N. Kamalsky O.D.

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Family EyeCare Center Patient Financial Policy

We will assist you with billing of your insurance companies, as long as proper insurance information is provided to us. We ask that you present a valid insurance card at every visit in order to properly bill your insurance.

Any outstanding balances, co-payments, co-insurances, deductibles, and non-covered services (per your policy) are the patient's responsibility.

All eyewear and contact lenses are to be paid in full at the time that your materials are selected in our office.

Returned checks are subject to a $25.00 re-deposit and reprocessing fee.

Missed Appointments: Our doctors and staff designate a specific amount of time to each patient. Please call 24 hours in advance on weekdays and 48 hours in advance for Saturdays to reschedule or cancel your appointment. A $25.00 charge for weekday and $50.00 for Saturdays will be incurred if we do not hear from you before the designated time.

Our office accepts the following payments methods- Cash, Personal Checks, Debit, Visa / MasterCard, and Discover.

I also understand that in the event my insurance company does not pay for the billed services, I will be responsible for the payment of services in a prompt manner.

I have read, understood, and agree to the above financial policies.

Signature_____ Date_____
(Responsible party)