

Peepers Optical Financial Agreement

Dr. Raymond McCleery, O.D.

Dr. Trisha Rogers, O.D.

Dr. Nicole Wellensiek

Methods of Payment
Payment for services provided is expected on the date of service, unless other arrangements have been made in advance. We accept cash, personal checks, and credit cards (MasterCard, Visa, Discover, American Express and Care Credit).
Vision Insurance
As a courtesy, we will file insurance claims with all standard carriers for which we have a provider agreement. The patient authorizes the exchange of information relating to the care and claims with the patient's insurance company and authorizes insurance payments to be made directly to Peepers Optical for services provided under the patient's insurance agreement otherwise payable to the patient. The patient is responsible for providing us with complete insurance information for the accurate filing of claims. This includes all identification and insurance benefit cards/documents for both primary and secondary insurance coverage (where applicable). Payment for services not covered by your plan will be the responsibility of the patient. Any insurance claims that are denied or remain unpaid by the insurer after 60 days of claim submission becomes the responsibility of the patient and payment of the unpaid amount will be due in full. Outstanding balances greater than 90 days will be subject to finance charges at the rate of 1.58% monthly (19% APR).
Contact Lens Evaluation and Fitting Fee
All contact lens wearers are charged a fitting/evaluation fee in addition to their comprehensive eye exam fee. This fee is dependent upon the complexity of your prescription, the type of lens worn, and whether the doctor needs to see you back for a follow up visit.
Cancellation Policy
In order to be respectful of our doctor's time and schedule, we request that patients give a day's notice if they are not able to make their scheduled appointment. Failure to honor this request may result in a \$50 fee.

I acknowledge that I have received a copy of Peepers Optical Notice of Privacy Practices and Financial Agreement.

Signature of Patient/Guarantor

Date