

**Janice P. Ngan, O.D.**

1580 Woodridge Dr. SE

Port Orchard, WA 98366

Telephone (360) 871-7837

***Financial Responsibility***

Payment is expected at time of service. If you have vision insurance, we will be happy to submit a claim for you. We do this as a *courtesy* to you. Co-payments and deductibles are due at the time of service.

**Accepted forms of payment:**

- 1) **Most Vision Insurance plans**
- 2) **Debit and credit cards (Visa, MasterCard, AMEX), check, cash**
- 3) **Care Credit**

*I have read and understand the above information. I acknowledge that I am responsible for all charges incurred from services rendered by Dr. Janice Ngan at Woodridge Vision Clinic.*

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_