



Sound Vision Care, Inc.

Jeffrey Williams Sr., OD | Jeffrey Williams Jr., OD | Jessica Fulmer, OD | Miki Lyn D'Angelo, OD

Date: _____ ID: _____

Riverhead

887 Old Country Rd, Suite K-L
(631)727-2858 | (631)727-2866 f

Southold

44210 Rte 48, Suite 1, Po Box 463
(631)765-3092 | (631)765-3046 f

Southampton

1601 County Rd 39, Suite 5
(631)283-0220 | (631)283-0299 f

Jeffrey S. Williams Sr., OD

Comprehensive Optometry
Contact Lenses

Jeffrey S. Williams Jr., OD Dipl., ABO

Board Certified Optometrist
Comprehensive Optometry
Specialty Contact Lenses
Disease Diagnosis & Management

Jessica A. Fulmer., OD, FAAO

Comprehensive Optometry
Contact Lenses
Vision Therapy

Miki Lyn D'Angelo., OD

Comprehensive Optometry
Vision Rehabilitation & Therapy



www.soundvisioncare.com

TO ALL PATIENTS

Please be advised that when we quote a price for an office visit there is **NO GUARANTEE** that your insurance company will pay the remaining balance.

The first thing your insurance company tells us when we call is that a quote of benefits is **NOT** a guarantee of payment. There is a clause with every insurance company that states that payment is subject to the terms and conditions of your plan and payment may not be made as stated.

Please keep in mind that all insurance plans are not the same and that you only have a certain amount of benefits per year.

We will try and collect as much as possible from your insurance, but there is always the possibility that your insurance will charge extra copays and possibly a coinsurance as well.

For those without insurance:

I agree to pay any fees or charges in full on the day of service.

I understand that if I fail to submit payment to our office for services rendered, I will be responsible for the entire balance plus any costs which may result from collection proceedings.

Patient (Guardian) Signature

Date