



CALIFORNIA
EYE
CLINIC

**CALIFORNIA EYE CLINIC
APPOINTMENT INFORMATION**

Thank you for making an appointment with the California Eye Clinic. **Please allow 1 to 1.5 hours for your visit. All minors must be accompanied by a parent or guardian. We have enclosed the patient information forms to be completed. Please bring them with you on the day of your visit. (Please do not mail them)**

The following information must also be provided at the time of service:

1. Your current insurance card(s)
2. Any vision insurance information.
3. Any insurance forms with your portion completed (if applicable).
4. All Fees are due and payable at the time of service. (Co-pay or co-insurance.)
5. Referrals (if applicable).

It is the patient's responsibility to provide complete and concise information for claims processing. The fees for the visit are the patient's responsibility. **Please come prepared for the visit or it may be necessary to reschedule your appointment.**

If you plan to purchase eyeglasses you must come prepared with complete information on your vision and eyeglass coverage.

We look forward to meeting you and assisting you in any way. Please call with any questions.

DISEASES AND SURGERY
OF THE EYE

Reconstructive and Aesthetic
Surgery of the Eyelids and Face

Orbital Surgery

Tear Duct Surgery

Ophthalmology

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