

**OFFICE POLICIES**  
**For**  
**Ahlquist Eye Care Professionals, LLC.**

The primary goal of our practice is to provide the finest and updated medical care possible to our patients. In order to achieve this goal we need you to understand our **office policies**.

- **Payment for service:** Payment for service is due at the time service is rendered. This would include your **co-pay** and deductible and any product you received. Please note that if you are ordering product over the phone and giving credit card information you are responsible for any and all charge applied to your card.
- **Finance charges:** If a patient has a balance on their account beyond 60 days, then a finance charge of 1.5% per month will incur until the account has been paid in full.
- **Service for minors:** For all services rendered to minors, a parent or guardian must accompany him/her to their visit. Payment will be the responsibility of the parent or guardian with custody.
- **Auto accident patients:** Patients receiving care as a result of an automobile accident will be expected to pay at the time of service.
- **Worker's Compensation patients:** Bureau of Worker's compensation patients are responsible for charges that are not allowable in their claim. If you receive care and are provided treatment for a diagnosis deemed non-allowable for your Worker's Compensation claim, you are responsible for those charges.
- **Medical records:** There is a charge for patients who wish to obtain a copy of their medical records. There is no charge for release of records sent directly to another physician.
- **Return check fee:** Returned checks will be subject to an additional collection fee of \$30.00. This will be due before scheduling your next appointment.
- **Late arrivals:** Patients arriving 30 minutes past the time of their scheduled appointment will be asked to reschedule in most cases.
- **Contact Fitting Exam:** There is a separate charge for all contact lens fitting. This charge is to be paid in full at the time services are rendered, and will only be good for 3 months from that date. This charge will include all trials and follow up. Should a new fit be needed after the 3 months there may be a new charge applied to your account and will need to be taken care of the same day as the new fitting exam takes place.
- **Refunds:** All services provided are nonrefundable. Due to the customization of spectacle and contact lens orders, all sales are final. Once an order is placed electronically, we are unable to change or cancel your order once submitted.

**My signature below verifies that I understand this agreement, fees and financial disclaimers.**

Patient name: (PRINT) \_\_\_\_\_

List family members included: \_\_\_\_\_

Patient or guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_