

**MIDLOTHIAN OPTOMETRIC CENTER**  
**1306 ALYERSER PLAZA, MIDLOTHIAN VA 23113**

## **FINANCIAL DISCLOSURE**

Payment or insurance co-payment is due at time of service. In regards to using insurance: any outstanding balance not covered by any insurance is due within 30 days invoice date. Service charges in the amount of 1.5% per month will be assessed on any past due balances. The fee for a returned check is \$25.00. The undersigned agrees to pay all costs of collection, including court costs and attorney fees.

I understand all the policies of Midlothian Optometric Center pursuant to ordered eyewear: eyewear is a custom-made item and all sales are FINAL. The sale is non-refundable for any cancellation or change made to the original order. Midlothian Optometric Center will warranty all lenses and frames against manufactures defects for a period of one year from the date of purchase. All warranty services will be subject to a \$20 service charge for shipping and lab processing. Please be advised that we cannot be held responsible for lab delays or manufacturer's back orders. Delivery dates are estimates and cannot be guaranteed. Fees for professional services including (but not limited to) exams and contact lens fitting are non-refundable. I acknowledge receipt of, and understand the eyeglass warranty information and policy statement.

Patient Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Parent Signature (if patient is under 18 years of age) \_\_\_\_\_

Date: \_\_\_\_\_