



CONTACT LENS MANAGEMENT AND FITTING POLICIES

We offer four different levels of professional contact lens services for our patients. Your doctor determines the level of service appropriate for you. All levels of service are separate and distinct from your basic eye examination, and correspondingly have separate fees.

Level I: Annual contact lens evaluation fee (\$75)

This is the most basic level of our professional service. This level of service is for previous patients that are in the optimal lens for their refractive error and for the health of their eyes. This level of service may be available to new patients provided the new patient presents wearing their current lenses, they have a copy of their previous contact lens prescription, and it is determined that no changes in lens brand or type must be made.

This service “renews” your contact lens prescription.

Level II: Basic contact lens fitting fee (New \$150, Refit \$100)

This level of service is available to the patient who has a basic spherical correction. The lenses are soft disposable lenses. The service provides a contact lens prescription at the end of the fitting process and provides all follow-up visits related to your contact lenses for a ninety-day (90) period from the date of your exam.

Level III: Advanced contact lens fitting fee

(Astigmatism/Toric: New \$200, Refit \$150) (Gas permeable/Multifocal: New \$250, Refit \$200)

This level of service is for contact lens wearers who require correction of their astigmatism, or require rigid gas permeable lens, or who desire correction for presbyopia. The service provides a contact lens prescription at the end of the fitting process and provides all follow-up visits related to your contact lenses for a ninety-day (90) period from the date of your exam.

Level IV: Specialized contact lens fitting fee (New \$300 and up, Refit \$250 and up)

This level of service is for lens wearers who require lenses much more specialized. High astigmatism, gas permeable bifocal lenses, keratoconus, or post surgical lens fittings fall into this category. This often requires a specialty and custom ordered contact lenses. The service provides a contact lens prescription at the end of the fitting process and provides all follow-up visits related to your contact lenses for a ninety-day (90) period from the date of your exam

New fittings include a contact lens training:

For new contact lens wearers this includes initial training with lens insertion and removal, as well as contact lens care. The contact lens technician will give complete instructions on handling contact lenses for the first time and a wearing schedule approved by the doctor.

All contact lens prescriptions have an expiration date of 1 year.



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A contact lens is a medical device in contact with the tissues of your eye; therefore, it must fit appropriately to maintain the health of your eyes. The goal of contact lens fitting is to find the most appropriate contact lens for each patient's optimal vision and comfort. Advancements in contact lens technology offer the potential of successful contact lens wear to most of our patients. We are committed to taking the time and effort to fit your contact lenses properly. We will not finalize the contact lens prescription until both the individual being fit for contacts lenses and the doctor are satisfied with the fit and visual acuity of the contact lens. Since follow-up care is essential, it is your responsibility to keep all appointments and follow all lens care instructions.

- I understand that the examination and contact lens fitting fees are NON-REFUNDABLE and are due in full at the initial visit.
- I understand that the contact lens evaluation and/or fitting fees are in addition to the comprehensive eye examination and may not be covered by my vision insurance. The fee for a contact lens evaluation, without any change in brand, is \$75.
- I understand that changing lens brands will require a new fitting and will incur an additional fitting charge.
- I understand that the contact lens evaluation includes the initial visit and follow-up care for 90 days from the INITIAL visit. All visits after 90 days will include a fee.
- I understand that it is important for me to keep appointments for progress evaluations and I agree to keep all progress evaluations. The purpose of these evaluations is to assure proper fit of the lenses and continued good health of my eyes. My doctor is relieved of any responsibility should I fail to keep my appointments.
- I understand that my prescription is good for 12 MONTHS and that an annual eye and contact lens evaluation will be required to update this prescription for replacement lenses after 12 months.
- I will remove my lenses and call the office if I develop unusual pain or redness, experience decreased vision that does not get better or if I suspect something is wrong.
- I understand that there will be no refunds on custom lenses or opened boxes of lenses. Any unopened, unmarked boxes may incur a \$3 restocking fee per box.

By signing below, I have read and understand the information provided above.

Patient Name

Date

Signature of patient (parent/guardian if patient is under 18)