

Contact Lens Fitting & Evaluation Agreement/Renewal Agreement

The contact lens fitting & evaluation fees are not included in the cost of the comprehensive eye exam. Many insurance plans do not cover the full cost of fitting fees; therefore, any uncovered cost incurred must be paid in full at the time of service.

The contact lens fitting, and evaluation or Re-evaluation fee includes:

- Evaluation, determination of prescription and eye health in regard to contact lens wear.
- Diagnostic trial lens fitting.
- The initial visit and any follow up care within 30 days directly related to contact lens wear in order to monitor eye health, prescription accuracy, comfort fit and patient satisfaction.
- Insertion and removal training for new wearers.

The price will depend on the type of contact lens that your doctor decides is best for you. The fees vary based on the type of lens being evaluated and range from **\$100.00 to \$225.00** for a standard soft disposable contact lens fitting and evaluation.

Evaluations and fitting fees can increase significantly (**\$300.00 to \$895.00**) when specialty and/or medically necessary contact lenses are being considered.

Myopia Management programs, including Ortho-K and MiSight range from **\$2000.00 to \$3200.00**

Contact Lens Policies:

Professional fees for contact lens fitting/evaluation are due at the time of service and are non-refundable.

- **Contact lens prescriptions are valid for one year and must be renewed yearly to remain in contacts.**
- **You are responsible for scheduling and attending follow up visits to finalize your prescription. Your prescription cannot be released until it has been finalized by your doctor. Any prescription not finalized within the 30 day period may be subject to a \$45.00 charge for an additional follow up visit.**
- **Returned contacts for INHOUSE credit, must be done within 12 months of purchase from our office.**

Please note: Most vision insurance plans limit the contact lens follow up care to 1-2 visits within a 3 month period. If we are filing your insurance we must adhere to your plans policy. Once your benefits have been exhausted there will be a \$45.00 fee assessed for any additional contact lens follow up visits.

Print Patient Name: _____ **Date:** _____

Patient/Guardian Signature: _____