

## ESTIMATE OF CHARGES FOR CONTACT LENS SERVICES

### Contact Lens Evaluation/Fitting

A contact lens evaluation determines whether or not you are suited for initial or continued contact lens wear. This analysis is performed in addition to the general eye examination and includes evaluating any eye health or general health conditions which may prevent or complicate safe contact lens wear. A contact lens evaluation includes examining the health of the cornea with a bio microscope, evaluating the tear layer, documenting abnormalities of the ocular and lid surfaces, and measuring the corneal curvatures.

Once you have been evaluated and are deemed a suitable candidate for contact lenses, our doctors and staff will design and select contact lenses from a physiologically adequate material that will have minimal mechanical impact on the corneal surface while providing the required optical correction.

The contact lens evaluation is done annually in conjunction with your annual eye exam.

**Toric/Monovision/Bifocal Lenses:** An additional service fee is charged according to complexity of the case.

Please note:

- All contact lens services are in addition to any comprehensive annual eye health examination fees.
- Lens design features may change during the evaluation process. Consequently the final design, prescription and power will not be known until all diagnostic and follow-up evaluations are completed.
- All professional fees are not refundable
- A comprehensive eye health examination within the last six months is required prior to performing a diagnostic evaluation for contact lenses.
- Contact lens training is a separate service from the evaluation/fitting and is required for all first time contact lens wearers and for those who are switching between soft contacts and rigid gas permeable contacts.

**Your contact lens service Fee Estimate is from \$89 to \$229 and includes all contact lens related follow up visits for 90 days. MOST INSURANCE PLANS DO NOT COVER THIS SERVICE FEE. YOU ARE RESPONSIBLE FOR THIS SERVICE FEE AT THE TIME OF SERVICE.**

*If persistent eye pain, redness or reduced vision occurs while wearing lenses, lenses should be removed and advice sought from this office immediately. **Vision can be lost and you can go blind from contact lens-related complications. Therefore, follow-up appointments are required and included in the fitting fee.***

I have read the above and understand that I will be responsible for the contact lens service fee. I will comply with all scheduled follow-up examinations, and if I do not complete the fitting process within 90 days of the initial diagnostic visit, I will be required to start the process over and be re-charged the fitting/evaluation fee. I understand that the contact lens service fee **does not** include the purchase of contact lenses, but only includes trial contact lenses necessary to finalize my contact lens prescription.

**Please check your preference below:**

YES, I consent to contact Lens Evaluation/Fitting.

NO, I DO NOT consent to contact Lens Evaluation/Fitting.

Patient or Guardian (if minor)

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Client Signature

Date