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Comprehensive Eye Care & Contact Lenses

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Date: _____

Patient Name: _____

Contact lens evaluation and fitting fees range from **\$30.00 to \$175.00.**

After your initial visit you have up to 3 follow-up visits covered under this contact fitting fee, after the 3 follow-up visits there will be an additional fee of \$30.00.

If you are still in need of contact follow-up care 6 months after your initial examination, you will then need to have a new full examination (\$105) + contact lens fitting (\$30-\$175).

Why is there a contact lens evaluation and/or fitting fee in addition to the standard eye exam fee?

Contact lens patients require additional testing and monitoring over and above what is done during a routine eye exam. Contact lenses are medical devices and even though they may feel fine, there are health risks that must be taken seriously.

In order to **renew your current contact lens prescription or fit you in a new contact lens,** your doctor performs the following tests. These procedures are not part of a routine eye exam.

- Slit lamp microscope exam of the contact lens on the eye to check the lens fit.
- Detailed slit lamp microscope exam to check the health of the eye from contact lens wear and to look for any adverse effects from contact lens wear.
- Contact lens refraction to determine the correct contact lens prescription power (contact lens prescriptions are different than an eyeglass prescription).
- Review of new lens designs, materials, and solutions that may improve comfort and/or health of your eyes.

If the doctor changes the brand, power or type of contact lenses the cost of the evaluation and/or fitting may increase.

Insurance plans may not provide coverage for the cost of the contact lens evaluation and/or fitting. The charge for the contact lens evaluation and/or fitting becomes the responsibility of the patient (guarantor) and is due at the time of the visit. Also be aware that the fitting fee still applies even if your doctor cannot achieve a satisfactory fit after a reasonable effort has been made.

If you have any questions, please ask.

Patient or Guarantor Signature

Date