



Contact Lens Fitting and Evaluation Agreement

The contact lens evaluation and fitting is an additional fee not included in your comprehensive examination cost. The price for this extra service depends on the type of lens and complexity of the contact lens fit decided by the Doctor. The fee includes the initial visit, contact lens training, and all follow-ups for a 30 day period. If you decide to change lenses at any point during the fitting, an additional fee may apply.

Policies:

- Charges for fitting fees are due in full at the time of the fitting/evaluation.
- New contact lens wears are entitled up to 3 training sessions, about 45 minutes each. Additional sessions are subject to a \$75 charge.
- Many insurance plans do not cover the full cost of contacts lens fees. Any uncovered expenses become the patient’s responsibility.
- **Professional fees for the contact lens fitting/evaluation are non-refundable.**
- All prescriptions are valid for one year.
- You are responsible for keeping all follow-up appointments to finalize your prescription.
- Your prescription will not be released until it has been finalized by the doctor.
- **If you do not return within 30 day follow-up period to finalize your contact lens prescription, there will be a \$75 charge for each visit thereafter.**
- Once you have received your boxes/vials of contact lenses, they are **non-refundable** or **Exchangeable**.
- The 30 day follow-up period does NOT include visits for medically related eye conditions that may not be related to contact lens wear. (eye infections, allergies, etc..)

Fee Schedule: **This does not include routine eye exam, co-pays, or other fees.**

	New Wearer	Continuing Care	Evaluation-No Change
Basic (Soft Spherical)	\$175	\$125	\$100
Advanced (Soft Toric)	\$250	\$175	\$125
Complex (Soft Bifocal/Mono)	\$275	\$200	\$125
Gas Permeable Contact lenses	\$275	\$200	\$150
Gas Permeable Multi-focal/Toric	\$325	\$250	\$150

I have read and understood each aspect of the contact lens agreement

Patient Name: _____

Patient/Guardian Signature: _____

Date _____