



Explanation of Services & Contact Lens Consent Form

Providing our patients a contact lens prescription requires our office to: 1) perform a complete eye examination to assess the health of the eye and determine the patient's prescription; and 2) measure the curvature and size of the cornea to determine the proper fit of the contact lens and corneal mapping as needed. The complete eye examination, contact lens fitting or contact evaluation and management exam are separate procedures and are therefore charged individually. Patients that request a prescription for contact lenses will be responsible for payment of any contact lens related exams. The fee for a complete eye examination will be \$ 165-225. If a refraction is performed an additional \$35 fee applies. Contact lens examinations / fittings are not covered by insurance, therefore we do not file your insurance for contacts.

The contact lens fitting fees, based on the patient's prior association with our office are as follows:

- New Patient: A patient who **has not** been previously prescribed **contact lenses** by our office.
- Established Patient: A patient who **has** been previously prescribed contact lenses by our office within the last year and current with exams.

A new patient requiring a standard lens design including; conventional spherical contact lens designs. Also, established patients requiring a refit from conventional spherical lenses to a specialized lens design including; toric, gas permeable, bifocal contact lenses or monovision.

A new patient requiring a specialized lens design including; toric, gas permeable, bifocal contact lenses or monovision.

An established patient previously prescribed contacts by our office with no changes in lens type and power. Follow-up exams are not included.

An established patient previously prescribed spherical contact lenses by our office needing modifications.

An established patient previously prescribed specialized contact lenses by our office needing modifications.

Therapeutic or custom contact lens fitting.

Each of the fees outlined above include two (2) months of follow-up care except for the \$45 exam.

The cost of the contact lenses will be provided upon determination of the lens design required. When ordering newly prescribed lenses, a 50% deposit is required prior to ordering with the balance due at the time the lenses are dispensed.

The first or initial pair of contact lenses are verified and inspected for defects prior to the initial dispensing. Any damage incurred after dispensing is the responsibility of the patient.

By state law, contact lens prescriptions are valid for one (1) year. Replacement lenses will be dispensed on those patients whose prescription remains valid and have not surpassed the expiration date.

A written copy of the contact lens prescription may be released to the patient in accordance with Federal requirements and patient compliance guidelines. Lenses purchased from other sources or suppliers will not be warranted for defects. It is the patient's responsibility to ensure that all lenses purchased from another supplier meet the exact specifications (prescription, lens powers and brand of lens) as prescribed by our office.

Patient Signature _____ Date _____

Witness Signature _____ Date _____

Parent or Legal Guardian _____ Date _____