

Explanation of Services & Contact Lens Consent Form

Providing our patient's 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 proper fit of the contact lens. The complete eye examination and the contact lens fitting are separate procedures and are therefore charged individually. Patients that a request a prescription for contact lenses will be responsible for payment of both the examination fee and the fitting fee. (medical insurance is filed for the examination only) The fee for a complete eye examination ranges from \$____ to \$____ not including the \$____ refraction or other specialty testing requested by the physician.

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 1 year.

\$ ____ 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 contact lenses, gas permeable contact lenses, bifocal contact lenses and mono-vision contact lenses.

\$ ____ A new patient requiring a specialized lens design including; toric contact lenses, gas permeable contact lenses, bifocal contact lenses or mono-vision contact lenses.

\$ ____ An established patient previously prescribed spherical contact lenses by our office.

\$ ____ An established patient previously prescribed a specialized contact lens by our office.

\$ ____ Therapeutic or custom contact lens fittings include piggyback lens, keratoconus, PK or aphakic contacts.

Each of the fees outlined above include 2 months of follow-up care not to exceed 3 visits or charges will incur at our normal examination rates determined by the doctor.

The cost of contact lenses will be provided upon determination of the lens design by our physician. **A 50% deposit is required prior to ordering, with the balance due at the time the lenses are dispensed.** If a follow-up is needed for dispensing and the appointment is not kept, we will only hold your lenses for 30 days. **After 30 days, the lenses will be returned to the manufacturer and you will be refunded your deposit less a \$15.00 shipping and handling fee.** You have 2 months to complete your contact fitting. If you exceed the 2 month fitting period additional examination fees may be incurred as determined by the doctor and your particular situation.

The first or initial pair of contact lens are verified and inspected for defects prior to the initial dispensing. Any damage incurred after dispensing is the responsibility of the patient. **Future contact lens orders must be paid in full prior to ordering. Trial contacts are \$5 per lens for shipping and handling.**

By state law, contact lens prescriptions are valid for 1 year. Replacement lenses will be dispensed only to those patients whose prescriptions remain 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 and/or lens powers and brand of lens) as prescribed by our office.

Patient Signature _____ Date _____

Parent or Legal Guardian _____ Date _____

***** Prices have been intentionally left off for legal purposes. If wish to know the actual price prior to examination, please call the office at 912.352.2299.**