



CONTACT LENS FITTING & EVALUATION

* This is only for the individual who would like to be fitted for contact lenses

Contact lenses are medical devices, regulated by the FDA. This means that the doctor has to evaluate the health of your eyes and the fit of your contacts every year in order to determine the optimum prescription for your eyes. Contact lens examinations are required on a yearly basis. These tests are done to make sure your eyes are healthy, that the lenses fit your eyes properly, and to ensure that you are seeing as clearly as possible.

All contact lens patients will be charged a contact lens fitting and evaluation fee. The fee varies based upon the type of contact lens, doctor/staff time involved and expertise necessary. **Insurance companies require that we bill contact lens fitting/evaluation charges separately from your comprehensive eye examinations.** In most cases, insurance companies consider contact lenses "not necessary" and they will not cover these charges. The services received for this fee include the fitting/refitting and evaluation for contact lenses, tear film/corneal health analysis, all contact lens follow-up visits with the doctor for 60 days, any diagnostic lenses used, a contact lens starter solution kit, and there are typically rebates available when buying a year supply of contacts. Feel free to inquire about these rebates.

Corneal Topography: This procedure is considered mapping of the cornea and is performed for the fitting of contact lenses and for any problems with corneal distortion. It has been determined that your insurance may not cover this procedure. **If the doctor believes this procedure necessary there will be a \$35.00 fee, which will need to be paid at the time of your copy.**

Yes No (Please indicate your response)

Contact Lens Evaluation: The contact lens evaluation is not part of the standard eye exam. There is an additional fee for a contact lens evaluation/fitting and contact lens prescription update. **These fees are determined based on the type of lenses you are fit with and need to be paid at the time of your copy.**

Soft Spherical	\$69.00
Soft Toric	\$94.00
Soft Multi-focal	\$159.00
RGP Spherical	\$139.00
RGP Toric	\$159.00
RGP Multi-focal	\$189.00
Specialty Kone Fit	\$349.00
Specialty Fit	\$____.____

** Should there be no change or no more than 1.00 diopter change in your prescription after one year, you will receive a 20% discount on a re-fitting.

I _____ understand these procedure
(please print your name)
and agree to them and to pay the above mentioned fees.

Signature _____ Date _____