

# Contact Lens Evaluation Agreement

## Contact Lens Evaluation

A contact lens evaluation of **\$50** includes the following services provided by the doctors:

- Assessment of visual needs and expectations with contacts
- Evaluation and determination of contact lens prescription
- Diagnostic trial lens fitting and evaluation
- Follow-up contact lens checks to monitor eye health, prescription accuracy and appropriate fit within a **30-day period** from initial contact lens fitting and evaluation
- Initial visit and all subsequent visits directly related to contact lens wear and fit within a **30-day period**
- The 30-day period begins when the first diagnostic trial contact lenses are dispensed to the patient

## Insertion and Removal Training for New Contact Lens Patients

In addition to the above contact lens evaluation, first time contact lens wearers are scheduled for a training session normally the day of contact lens examination or as soon as the trial contact lens arrives. During this training session, the patient will be taught how to insert, remove, clean and care for the contact lenses.

## Policies

- Charges for contact lens evaluations and purchase of contacts are due in full at the time of the service
- Progress checks and other contact lens related services performed after the 30-day period are subject to normal office visit charges
- Many insurance plans do not cover the full cost of the contact lens fees. You will be responsible for any uncovered costs incurred by the eye exam, contact lens fitting or contact lenses
- Professional fees for the comprehensive eye exam and contact lens evaluation are not refundable
- You are responsible for scheduling and attending follow up visits to finalize your prescription
- Your prescription will not be released and contact lenses will not be ordered for you until your prescription has been finalized by the doctor
- Contact lens prescriptions expire after one year and require an annual contact lens evaluation
- We will provide you with your contact lens prescription upon request if you have had a contact lens evaluation within the last 12 months and all financial obligations have been met

Signature \_\_\_\_\_

Date \_\_\_\_\_