



Contact Lens Agreement: Elective Lenses

A contact lens service fee is charged to the patient on an annual basis. Contact lenses are medical devices which require ongoing evaluation to ensure safe and comfortable wear. **This service is in addition to your annual comprehensive exam.**

The fee for a contact lens fitting and follow-ups can change depending on examination results and complexity of the condition.

Service Level	Service Description	Fee
Contact Fit	This service is for new or established contact lens wearers being fit in soft contact lenses regardless of design or material. This includes contact lenses described such as sphere, astigmatic, multifocal, or mono-vision. These types of fittings generally require an average of 1-2 progress checks before a final prescription is given.	\$ 125.00

The contact lens management fees **include all contact lens follow-up visits for 90 days** from the initial dispensing of the lens.

Contact lens prescriptions will only be released after the prescription has been finalized and all fees are paid.

PRESCRIPTIONS WILL BE DOWNLOADABLE AND GIVEN ONLINE.

The fitting fee is for professional services and DOES NOT include the cost of a contact lens supply.

REFUND POLICY: Most patients are able to wear contact lenses successfully, but a successful fit and wearing experience can't be guaranteed. If we determine that you are unable to be successfully fitted during the 90-day initial follow-up period, you will be entitled to a refund on the cost of the lenses. You WILL NOT be reimbursed for exam fees, but may be entitled to 50% of professional fitting service fees.

ALL CHARGES ARE DUE AT THE TIME OF FIT

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YES-I DO WANT A CONTACT LENS RX

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NO-I DO NOT WANT A CONTACT LENS RX

Required Information: PLEASE FILL OUT EVEN IF FILLED OUT ON PRIOR FORMS

Email Address: _____

Phone Number with Texting Ability: _____

By signing this form, I acknowledge that I am receiving a digital copy of my contact lens prescription instead of a paper copy.

SIGNED: _____

DATE: _____