



Contact Lens Examination Policy

Eye examinations for contact lenses include special testing and measurements that are typically not performed during your routine eye examination but are provided at an additional charge. *The contact lens fitting fees will be determined by the doctor, are due at the time of fitting, and are non-refundable.*

During your examination, a *refraction* (measuring your eyeglass prescription) is necessary for any contact lens evaluation, refitting, or fitting services. This may be covered by your vision insurance. If your refraction is not covered, you will be charged \$60 in addition to any contact lens service fees. Fitting fees cover any additional follow-up visits, if necessary, for up to 90 days.

If you are seen after 90 days, you will be responsible for a new refraction fee if necessary, as well as a new fitting charge. For new contact lens patients, you will be instructed on proper insertion, removal, and care for your contact lenses. A set of trial contact lenses to wear for the next few weeks will be provided. A follow-up appointment may be required in order for us to finalize your prescription.

Contact lens prescriptions are valid for only one year and require a yearly evaluation in order to renew your contact lens prescription even if there is no change to your prescription. This is to ensure that the lenses are still properly fitting, to make any adjustments if needed, and to protect the health of your eyes. At your yearly contact lens examination, please wear your lenses at least two hours prior to the visit.

Contact lens fitting fees do not include a supply of contact lenses. Our optical department will provide you with your prescription and will be happy to order the contact lens supply for your continued wear.

The prices of contact lenses will vary depending on lens type and prescription. Some contact lenses are not available as complementary trials lenses and may require prior purchase. Your order of contact lenses must be paid in full at the time of dispensing once fitting is completed. If changes are made in contact lens parameters, soft contact lens boxes that are unopened, in good condition, and within expiration date, may be exchanged or credited at the discretion of the optician. Rigid contact lenses can be returned within a 30-day period for credit.

I have read and understand the above information and agree to the terms set forth in this agreement. I understand that contact lens fitting fees are non-refundable. I also acknowledge that I have had all my questions answered.

X

Signature of Patient or Legal Guardian

Date



Contact Lens Examination Notice / Renewal Questionnaire

Thank you for considering a contact lens examination with the doctors of Spectrum Eye Physicians. The purpose of this document is to clarify the contact lens services we provide and the associated costs. If you have any questions, please do not hesitate to ask.

Contact lenses are medical devices that can cause serious consequences, such as infection, inflammation, permanent damage and loss of vision if not fit and taken care or properly. Examining a contact lens patient takes additional time and expertise. For that reason, there are separate, additional charges for contact lens examinations that patients without contact lenses do not pay. The contact lens examination fees will be determined by the doctor, are due at the time of fitting, and are non-refundable.

If you have vision insurance, we will explain and charge you accordingly with your plan discounts. Gas permeable spherical or bitoric contact lenses for keratoconus, post corneal surgery, and other corneal deformities may be covered under medical insurance. Fitting fees for lenses billable to medical insurance will be collected up front and reimbursed upon receipt of insurance payment as per your specific plan details.

TYPE OF FITTING	NEW WEARER	ESTABLISHED WEARER
Soft Spherical	\$120	\$60
Soft Toric / Std Gas Permeable	\$150	\$75
Monovision / Multifocal	\$175	\$90
Specialty	\$300	\$150

Please acknowledge and check the following boxes that apply to you:

- I am a new contact lens wearer and would like a consultation with a contact lens specialist.
- I am an established wearer of contact lenses and would like to renew my prescription to order more lenses. I am currently wearing _____
 - I am wearing my current lenses today.
 - I am happy with the current brand I am wearing and would like to continue with it.
 - I am unhappy with my current brand and would like to get information on other lenses available for my prescription needs.
 - I wear my contacts daily.
 - I wear my contacts less than 3 days a week.
 - I wear my contacts to sleep.
 - I experience dryness/ irritation with my current lenses.
- I wish to defer my contact lens exam today. I am aware my prescription expires within one year from the last contact lens exam date.

By signing below, you are acknowledging that you have read our policy and are aware of the charges. Per office policy, your initial fitting fees will also cover up to 90 days of follow up visits pertaining to your contacts as needed. Your contact lens prescription will be released to you once finalized. If deferring a contact lens exam today, you are aware that you will have 90 days to return to the clinic for a fitting with no added refraction charge (normally \$60). Thank you for choosing Spectrum Eye Physicians.

X _____
Signature of Patient or Legal Guardian Date