

CONTACT LENS EVALUATION AGREEMENT

I understand that contact lenses are medical devices that have to be fit to my eyes by an optometrist / technician.

I understand that there is a professional fee (ranging from 75.00 to 200.00) for an annual contact lens evaluation that is based on the type of lens I wear and is in addition to my routine exam fees since there are specific tests performed for contact lens wearers only.

These additional tests are necessary to ensure that my eyes are healthy, that my lenses fit properly, and to ensure I am seeing as well as possible. **If I should require or would like to be fit into a different contact lens than I am currently wearing, the professional fee will be charged accordingly for that evaluation process.**

The amount of this fee is determined by the complexity of the lens type and specialized knowledge needed to fit the lens.

I am aware that this fee may or may not be covered or discounted by my insurance.

I also understand that I will receive any additional follow up care related to my contact lenses needed within the first **60 days** of a contact lens fitting (usually an additional 1-3 visits).

If I do NOT finalize my contact lens prescription within 60 days of my contact lens examination, I understand I will have to return to the office to have a re-examination of the contact lenses on my eyes in order to finalize my prescription.

This re-examination will be an additional charge that my insurance will NOT be able to cover.

Print Patient's Name: _____ Date of Birth: _____

Signature: _____ Date: _____

