

Contact Lens Agreement

Contact lens services are usually not a benefit of medical insurance, but may be covered by vision plans. The Family Eye Medical Group provides the full range of contact lenses services, including fitting and prescription updates/modifications, plus training to promote healthy contact lens wear. The following lists the fee schedule for our professional services.

Complete Contact Lens Training and Fitting - \$150

Initial: _____

This service charge applies to any patient who requires a new contact lens prescription and instruction to insert and remove contact lenses, plus training to care for contact lenses. The fee includes the initial training session plus one follow up training within four weeks of the initial training if needed. At the end of training, the patient must demonstrate proper contact lens handling to the optical staff to receive a contact lens prescription.

Contact Lens Refitting - \$80

Initial: _____

This service charge applies to any patient who is skilled in contact lens handling but requires a new prescription because of a substantial change in focus and/or comfort. This fee automatically applies to patients who do not know their current contact lens type or power because refitting is required to generate the new contact lens prescription. Common examples include: changing from monthly lenses to biweekly or daily lenses to promote better comfort and eye health; changing from spherical lenses to toric (astigmatism) lenses because of a change in focus; changing from single vision lenses to multi-focal lenses to provide better near vision; or changing from hard to soft contact lenses. The fee includes trial contact lenses of the new type, evaluation of the new contact lens fit and focus, and an additional evaluation within four weeks to re-assess vision and comfort if needed.

Contact Lens Evaluation - \$60

Initial: _____

This service charge applies to patients who are skilled in contact lens handling and are comfortable in the current contact lenses. The fee covers refinement of the current contact lens prescription to maximize vision plus evaluation of the contact lens on the surface of the eye to verify proper fit and movement. To qualify for this fee, the patient must know the current contact lens type and prescription for each eye and demonstrate proper contact lens handling to the optical staff.

I understand the terms of the Contact Lens Agreement and agree to be personally and fully responsible for payment of the service charge.

Signature of Patient or Guardian: _____ Date: _____