



## **CONTACT LENS SERVICE AND FEE EXPLANATION**

### **Why is there an additional Contact Lens Fitting fee?**

FDA has recognized contact lenses as “Medical Device” which must be fit by a professional eye care practitioner. Contact lens require a separate prescription from glasses and also requires additional parameters since the lens are worn in the eyes. There will be a fee that covers the extra tests performed by the doctor along with any necessary follow-up visits and trial lenses. This fee will be additional to the regular comprehensive eye exam fee. Some insurance companies may not cover this fee as they view contact lenses as elective vision correction.

### **How much is the Contact Lens Fitting fee and how is that determined?**

There are different levels of charges which vary depending on the factors below:

- 1) **New patient vs. established patient:** New patients require longer appointment times since there is more history to collect and options to discuss. More time is needed to train the new patient on how to care for lenses and how to apply and remove them. Established patients pay a reduced fee, as our doctors have prior knowledge of the patient and any conditions they may have, which makes the process quicker.
- 2) **Complexity of the prescription:** Many options for vision correction exist and have varying levels of complexity to determine the optimal prescription. These options include spherical lenses, toric lenses for astigmatism, monovision, bifocal lenses, and ortho-K corneal molds. These factors will be determined after your comprehensive eye evaluation.
- 3) **Patient’s ocular health:** The condition of the eyelids, conjunctiva, cornea, and tear film all affect the optimal contact lens material, care, and wear. Even your general health and any conditions you might have can affect ocular health; these must be taken into consideration as well.
- 4) **History of previous eye injuries or surgeries:** Corneal irregularities or eye sensitivity can be brought on by eye surgeries or injuries. In these cases, more care may be required in order to prevent irritation or complications.

I have read and understand the above information and agree to the terms set forth in this agreement.

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**Signature of patient or legal guardian**

**Date**