



CONTACT LENS AGREEMENT

NEW WEARER TO CONTACT LENSES

Our contact lens program is an essential component of our patients' wellness program.

We are committed to taking the time and effort to fit your contact lenses properly.

Initial Contact Lens Fitting and Training Session:

The goal of a contact lens fitting is to determine the most appropriate lens for your optimal vision and comfort. You will be provided with personalized instruction concerning the safe care and usage of contact lenses. A contact lens fitting does not have to be performed the day of the comprehensive exam, but must be done within 60 days.

The contact lens fitting is a stand-alone service. It is separate from the patient exam, testing and/or refraction (which is also a non-covered service) and we do not submit to your health insurance. **We DO NOT participate with Vision insurance plans, however we can provide you with paperwork for you to submit to vision insurance on your own.**

Spherical Fit: \$155

Astigmatic (Toric) Fit: \$195

Multifocal/Monovision Fit: \$210

Multifocal Toric Fit: \$275

Gas Perm: \$285-\$335+

Fitting fees include the initial fitting with one (1) follow up visit and two (2) 30 minute instruction sessions on insertion and removal and must be completed within 60 days of initial fitting. Additional visits for insertion and removal instruction after 2 visits will incur a \$50 fee

Annual exams hereafter will incur a Contact Lens Evaluation per the Contact Lens Agreement for Established Wearers.

Payment

I understand that fees are due at the time of service. Full payment is required for all contact lens orders.

I agree to receive this service and to the terms above. These policies are subject to change at any time without notice.

Signature: _____ Date: _____

**If signing the iPad, it indicates you have read and agreed to these terms and conditions.

UPON DISTRIBUTION OF CONTACT LENS RX- My eye care professional provided me with a copy of my contact lens prescription at the completion of my contact lens fitting.

Signature: _____ Date: _____