

EYE SURGICAL ASSOCIATES

CONTACT LENS COST AND POLICY GUIDELINES

Patient Name: _____

INITIAL CONTACT LENS FITTING AND EXAM

The fitting and yearly monitoring of contact lenses involves two parts:

1. A complete eye health exam (often including dilation of the pupil) and
2. A detailed contact lens evaluation exam.

Patients who desire contact lenses may require a complete dilated exam at their initial visit and subsequent dilated exams every 5 years to monitor their ocular health. Contact lens testing is done to determine the fit and prescription of your initial contact lenses. Certain tests are required every year to ensure that the contact lenses are still the proper fit and power. Contact lens prescriptions, like other medical prescriptions, are good for a period of 12 months.

Fitting contact lenses is often a straightforward and highly successful process. Occasionally contact lens fittings can be more involved and is often a tricky process. Patients wearing toric, rigid gas permeable, PMMA hard, mono vision and bifocal contact lenses can be more difficult to fit with contacts and may require more time, office visits, and patience to achieve the best results.

Patients who have been diagnosed with an irregular corneal surface due to surgery or scarring, or have a diagnosis of keratoconus are the most difficult type of contacts to fit and wear successfully. These patients will require a special type of contact lenses and even more extensive evaluation and follow-up to avoid potential harm to the eye.

In order to keep costs at a minimum for our patients, the charges for the fit and evaluation of contact lenses will include follow-up exams for a period of 90 days. Patients new to contacts will need insertion and removal training with one of our staff. Refitting of contact lenses will be performed during the first 90 days after the initial exam. The number of "refits" is usually one or two and there is no charge for these refitting visits. There may be a charge for additional contact lenses as outlined in the information on MEDICAL RETURN POLICY.

YEARLY EXAMS

Once a satisfactory contact lens prescription is obtained, patients returning for yearly exams will continue to receive specialized contact lens testing including refractometry, corneal keratometric measurements, corneal topography, tear film analysis, and other tests and a yearly eye health exam. The charges for this yearly exam will be divided into two parts: the contact lens exam fee and the medical eye exam fee.

CONSENT FORM

Patients are required to sign a consent form yearly if they wish to wear contact lenses. The consent form is meant to educate and inform the patient about their choice to wear contact lenses. Any questions you have may be answered by any one of our staff and your Doctor.

Patient Name: _____

MEDICAL RETURN POLICY

Your exam fee is a NON-REFUNDABLE charge. If, for any MEDICAL reason, you are unable to wear your contact lenses within the first 90 days of your initial fitting, a refund of 50% of your contact lens PURCHASE PRICE will be made.

Although unusual, there are medical reasons, which require that a contact lens patient be refitted with a different lens material.

1. If the final lens type selected is less expensive than the initially fit lens you will be refunded an amount equal to the difference between the two lenses.
2. If the final lens type selected is more expensive than the initially fit lens, you will be responsible for the additional cost of the new lens before it can be ordered.
3. Occasionally a patient will require a more complicated and lengthy fitting process that may necessitate more than two refits during the initial 90 day period. If this occurs there may be a charge for the additional lenses required to obtain a satisfactory fitting.

CONTACT LENS PRESCRIPTION

1. We cannot release to another office or lab your prescription unless you have been fit with contacts by one of our doctors.
2. We will release your prescription to a "mail-order" firm if that firm accepts liability for the performance of the lenses and the acceptance is in writing.
3. Contact lens prescriptions are good for a period of only one year. Your contact lens prescription will expire one year from the date of your last contact lens exam.

PAYMENT POLICY

Full payment of exam fee and contact lenses at the time the lenses are ordered.
We accept cash, check, MasterCard, Visa, Discover, American Express and Care Credit.

I have read, had an opportunity to ask questions, understand and agree to all of the above conditions.

DATE

SIGNATURE OF PATIENT (Parent or guardian if patient is a minor)

DISPENSING TECHNICIAN

MEDICAL EXAM FEE

Medical Exam \$97.00 - \$238.00

FITTING FEES

Spherical Fit \$ 75.00
Rigid Gas Permeable / Toric / Monovision \$150.00
Complex Fit (Keratoconus / irregular cornea) \$300.00

CONTACT LENS FEES

Clean & Polish of Lenses \$ 10.00
Specialty Contact Lenses \$820.00

Contact Lens Pre-Examination Information

Patient Name: _____

Please answer each question. This will help with efficiency and time management of your contact lens exam.

1. Do you wear your contacts every day?

Yes No

2. Are your contacts comfortable?

Yes No

3. What type of contact lens solution do you use?

Aquify Complete Optifree Renu
 Clear Care Generic Other: _____

4. How long do you wear your contacts at a time?

8-10 hrs. 10-12 hrs.
 12-14 hrs. 14-16 hrs.
 16-18 hrs. 24 hrs.

5. How often do you change your contact lenses?

1 day 2 weeks 1 month 3 months Other: _____

6. How long have you been wearing your current pair of contact lenses? _____

7. Do you use any artificial tears?

Yes No

If yes, what brand and how many times a day? _____

8. Please rate your vision quality with contacts on a scale of 1-10, 1 being the lowest and 10 the highest.

Distance Vision: _____ Near Vision: _____

9. Would you be interested in LASIK if you are a candidate?

Yes No

10. Would you be interested in a 1 Day Disposable lens if available?

Yes No

Please feel free to note any other information you would like your technician/doctor to know.
