

Premier Family Eye Care

Contact Lens Evaluation and Explanation of Fitting Fees

Please understand that contact lens services are NOT included in your annual comprehensive eye exam. Your eye exam includes a prescription for eyeglasses, eye muscle tests, glaucoma tests, dilation and full ocular health assessment.

By law, contact lenses must be evaluated annually and properly fit in order for your eye health and vision to be properly maintained. Most insurance companies DO NOT cover this portion. Following the contact lens evaluation or fitting process you will have a current prescription that will expire in 1 year.

Evaluation: No change in brand or power necessary

Annual Evaluation \$45 Applies to existing contact lens wearers who, at the end of the exam, the doctor determines that a change in brand and power is **not** necessary. New patients to our office must bring prescription or boxes with them at time of service to qualify.

Contact Lens New fit: Change in brand or power

There are four levels of fittings depending on the complexity of your prescription and lens type required.

Fitting fees include a complimentary pair of contact lenses, lens case, solution, and any follow up visits within 90 days of the *initial* contact lens fitting with our doctor.

Level 1 \$60 Basic Soft Contact Lens Fit

Level 2 \$90 Advanced Soft or Basic Gas Permeable Contact Lens Fit

Level 3 \$160 Soft Multifocal/ Monovision or Advanced Gas Permeable Lens Fit

Level 4 \$215 Specialty Lens Fit (i.e. Keratoconus Gas Permeable Lenses; not including scleral lenses)

There is a **\$25** charge required for the Contact Lens Insertion and Removal training session by one of our skilled staff

I understand that the fitting fee does not include the cost of the lenses, and that the lens supplies are ordered separately. Contact lens prescriptions may be released after the initial fitting period is successfully completed and all fees are paid.

I understand even with proper care there are risks to wearing contact lenses, and that those risks increase with improper use. I must follow the instructions given to me by the eye care team about the recommended wear and replacement schedule to ensure the health of my eyes. I agree to remove my lenses at the first sign of problems and call the office immediately if I develop unusual pain or redness.

Patient or Guardian Signature

Date