

SPECIALTY CONTACT LENS FITTING FEE AGREEMENT

Patient Name: _____

Chart #: _____

To make your contact lens experience as pleasant and informed as possible, we would like to explain our contact lens fitting procedure. A contact lens (CL) prescription is different from a glasses prescription. A CL is a medical device that rests on the cornea of your eye and requires proper fitting on the eye to create a healthy environment. If you are having an eye examination and wear CL's, our professional staff will be evaluating your current CL's to determine how safe and effective they are. This fitting and assessment are above and beyond your eye examination and will require an additional fee.

SPECIALTY LENSES (HYBRID/SCLERAL/RGP) IF APPLICABLE:

Specialty lenses, including Hybrid/Scleral/RGP lenses, are more custom lenses made to fit an individual specifically. There are instances where contacts can be considered medically necessary (high amounts of refractive error, keratoconus, etc.). If the contacts are medically necessary, Vision Associates will submit to the patient's insurance company in hopes of getting coverage of the lenses. We will submit all paperwork accordingly making every effort to get the lenses approved by your insurance. Whatever remaining balance the insurance company does not pay is the patient's responsibility to cover. The cost of your lenses will be \$_____ if not covered by insurance. This means you are responsible for this portion in entirety if your insurance denies the charges or only covers a portion of it. In order to order the lenses (medically necessary or not), they need to be paid for in full. If the insurance covers them Vision Associates will reimburse you accordingly. These lenses have a 90-day window in which we can make changes to the parameters. The start of your 90-day period is _____ and the end of your 90 day period is _____. It is critical we do not exceed this 90-day period. If for any reason, you do not like the lenses (comfort/vision) and that is determined within the 90-day period we are able to consider you "non-adapt" and cancel the order which you will then be reimbursed for the full amount that was paid. If you go past the 90-day period we are unable to do so and the cost still applies. If you were fit in a Scleral lens and the order is canceled there is a \$25 lab fee from the company.

NEW FIT:

If this is the first time that you have been fit with CL's then this is considered a new fit and you will be charged a CL fee accordingly. The fitting fee will be determined by the doctor according to the type of CL's you are in, as listed below. A final prescription will be written based on the trial lenses dispensed or another fitting fee will be applied. All CL fitting fees are due before any trial CL's or CL prescription will be released. The initial CL fitting appointment will require measurements to determine the proper power and fit of the CL's. If you have never worn a contact lens, you will need a contact lens training session with one of our technicians.

New Hybrid Normal Cornea Fitting Fee (Single vision or Monovision): \$200

New Hybrid Normal Cornea Multifocal Fitting Fee: \$250

New Hybrid Keratoconus Fitting Fee: \$400

New Scleral Non-Keratoconus Fitting Fee: \$400

New Scleral Keratoconus Fitting Fee: \$500

New RGP Single Vision/Monovision Fitting Fee: \$200

New RGP Multifocal Fitting Fee: \$250

REFIT:

Patients will be responsible for a CL refit fee if they currently wear CL's and either request or require a change in the brand of CL's, or do not know their CL prescription information or wear CL's and are new to the practice. The CL refit fee in the amount of \$100 covers the new measurements, selection of new CL's, and any follow-ups required for up to four (4) months. At four months a final prescription will be written based on the trial lenses dispensed if you fail to return for follow up care.

YEARLY ASSESSMENT:

Patients who currently wear CL's and are current patients of Vision Associates who do not require any changes will be charged a small fitting fee of \$50. This fee is required in order for the doctor to assess that the patient's eyes are still healthy enough to wear contacts and that the CL's they are wearing are performing the way they should.

I have read this contact lens fitting fee agreement and I understand the fitting procedure. I understand that it is my responsibility to return for contact lens dispensing and follow up evaluations of my contact lenses at the intervals recommended by this office and within the 90-day window. I understand and agree to pay the cost of the fitting fee and contact lens in full in order for them to be ordered. I understand I will be reimbursed what the insurance will cover. I understand that the cost of my exam today is not included in this contact lens fitting agreement.

Date

Patient Signature