



### Contact Lens Evaluation Agreement

#### What is a Contact Lens Evaluation?

The contact lens evaluation is an additional exam over and above the routine comprehensive glasses examination. Many insurance companies consider contact lenses (and their evaluation) an elective procedure, and therefore do not cover additional fees associated with contact lens evaluation. Any fees not covered by any insurance company will be responsibility of the patient. Fees are determined based on the complexity of the prescription and the fit of the lens. This fee ranges between \$115 and \$395 (soft contact lens). Hard Lenses, Gas Permeable starting at \$250 and Scleral Lenses start at \$999.

#### A contact lens evaluation includes the following services provided by both the doctor and staff:

- Assessment of candidacy for contact lens.
- Determination of contact lens prescription.
- Determination of lens choice for patient’s habits, current ocular health, etc.
- Special testing for accurate lens fit.
- Insertion and removal training for new contact lens patients.
- Includes contact lens trials and starter kits for soft contact lenses

#### Contact Lens Policies

- Charges for evaluation fees are due in full at the time of the initial evaluation
- All contact lenses must be paid for in full at the time of order.
- Progress checks that are not contact lens related are subject to normal office visit charges
- Patients will be responsible for any non- covered contact lens related services.
- Professional fees for the complete eye exam and evaluation are not refundable.
- Patients are responsible for scheduling and attending any contact lens related follow- ups prior to 60 days. Patents prescription will not be ordered until finalized.

#### CONTACT LENS FIT POST EXAM NFORMATION/ AGREEMENT

Bass Eye Care evaluates its patient’s vision based on their visual acuities on the day of their appointment.

I, \_\_\_\_\_ understand that Bass Eye Care is providing me with a prescription based on my response to my refraction, performed by Dr. \_\_\_\_\_ at the time of my appointment.

I, \_\_\_\_\_ agree that my prescription below is what I have agreed on the exam room on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.

Lens Brand \_\_\_\_\_

Bcr=		Dia=		Rx=		Cyl=	
Axis=		SLZ F=		Height=		SLZ S=	

**Contact Lens related follow -ups for a period of 60 days are included prior to final prescription. Once your prescription is finalized and written all follow-ups will be subject to a chair fee of \$129.**