



CONTACT LENS SERVICES

Contact lens exams and evaluations are separate from your Complete Eye Exam, and they may not be covered charges under your insurance plan. The following is a list of charges:

CONTACT LENS CHECK: \$50.00

Evaluation of fit and power of contact lenses currently worn

Initial _____

CONTACT LENS REFIT: \$80.00

Refit and Prescription for the same brand of contact lenses currently worn with a new power and/or base curve .Trial pair of lenses and follow up care is included.

Initial _____

CONTACT LENS FIT: \$100.00

Fit and Prescription for new brand/type of contact lenses. Trial pair of lenses and follow up care is also included.

Initial _____

SPECIALTY CONTACT LENS FIT: \$150.00

Fit and Prescription for the following specialty lenses: TORIC, BIFOCAL, MONOVISION, and RIGID GAS PERMEABLE or HARD LENSES.

Trial pair of lenses (SOFT ONLY) and follow up care is also included.

KERATOCONUS CONTACT LENS FIT: \$250.00

Initial _____

Decline to have Contact Lens Services

Patient does not wish to have a contact lens evaluation or services done.

Initial _____

Patient Financial Responsibility

I agree to assume responsibility for full payment pending any remaining balance that is not covered by my insurance.

Initial _____

Patient Signature _____ **Date** _____