

ADVANCED FAMILY EYE CARE

COMPREHENSIVE EYE HEALTH EXAMINATION

This is required prior to any form of contact lens fitting to insure the health of your eyes, inclusive of glaucoma and dilated retinal exam. Please note that if there are any significant findings, there may be additional charges for specific testing. In most cases your vision or medical insurance has provisions for annual eye examinations.

PROFESSIONAL EVALUATION/FITTING FEES

Type of Fit	Professional Fee	Professional Services
New Spherical or Soft Toric	\$60.00	Includes: Lens fitting, evaluation, Training and 6 months of follow up care.
Previous Spherical or Soft Toric	\$40.00	Includes: Lens fitting, evaluation and 3 months of follow-up care.
New Multifocal	\$80.00	Includes: Lens fitting, evaluation and 3 months of follow-up care.
Previous Multifocal	\$60.00	Includes: Lens fitting, evaluation and 3 months of follow-up care.
Rigid Gas Permeable	Single Vision \$60.00 Multifocal \$80.00	Includes: Lens fitting, evaluation and 3 months of follow-up care.
Medically Necessary Fit	\$150.00	In many cases this is covered by a medical insurance, but may require prior authorization.

*Due to insurance and managed care regulations, a minimum fitting charge is assessed at all annual checks.

Insurance Coverage: Some vision care plans will have some reimbursement or contribution incorporated into your policy. Each carrier varies and that is why our staff will do their best to assist you with your insurance claim. Any overage costs will be the patient's responsibility.

CONTACT LENS INFORMED CONSENT

This document has been written to educate our patients on the important information regarding contact lens use and prescription renewals. **Contact lenses are defined as a "medical device" to be dispensed by a licensed eye care practitioner by FDA regulations.** Considering this definition and our responsibility as a medical eye care provider, Family Eye Care has developed a policy to assist in the maintenance of your health and vision. Family Eye Care **will not release or renew any contact lens prescription or order contact lenses if the patient has not been examined within one year of the request.**

The completion of the contact lens fit must be finalized prior to release of any contact lens information or the ordering of a final contact lens prescription. A complete fitting is considered one in which the doctor has confidence in the efficacy of the fit. This usually, but not always, requires the initial fitting, insertion and removal training, and a one to two week follow-up. **As a precautionary measure, Family Eye Care has informed me of possible adverse reactions associated with contact lenses and related products. These include:** *Eye irritation, stinging, sensitivity to light, dry eye sensation, infection, ulceration or inflammation and a potential for corneal abrasion.*

It is the responsibility of the patient to have a back-up pair of glasses in case they are unable to wear their contacts.

Ordering an annual supply of contacts is the best way to ensure compliance and avoid running out of contacts before your next annual exam.

If lenses are obtained from another source other than this office, replacement lenses and services will no longer be extended to the patient without charges. Supplemental lenses can be provided at the doctor's discretion for a dispensing fee of \$15.00.

If lenses are obtained from a source other than this office, the patient and supplier will assume all medical-legal liabilities associated with contact lenses and hold Family Eye Care and it's doctors harmless of damages.

X

Patient Acknowledgement Signature

Date