



MEDICAL & SURGICAL DISEASES OF THE EYE  
COMPREHENSIVE OPHTHALMOLOGY  
[WWW.EYECARES.F.COM](http://WWW.EYECARES.F.COM)

## CONTACT LENS FITTING POLICY

This information is provided to assist you in understanding why a contact lens prescription is not a part of a routine eye examination, why it is different from a spectacle prescription, and why an evaluation is necessary even if you already wear contact lenses. A routine eye examination includes a refraction, which determines the best possible visual acuity. After a refraction is completed, spectacles may be prescribed to improve vision.

The contact lens prescription is determined, in part, by the results of the refraction. However, additional testing and measurements are needed to determine a final contact lens prescription. The determination of the contact lens prescription is calculated from the refraction results, keratometry measurements (which provide information on the corneal curvature and contour), visual acuity provided by the lenses, as well as an evaluation of the centration and movement of the lenses on the eyes. Only after all these steps are completed will we dispense the contact lenses. We may do additional follow-up examinations to be sure the lenses are well-tolerated and providing clear vision.

If lens changes are necessary during the first 3 months, these are made at no additional charge. By controlling the fitting process in this way, we can stand behind the quality of the result. After 3 months, if additional office visits are needed, there will be an additional charge of \$60.00 (which expire 2 months from date of service). For patients already wearing contact lenses, an evaluation is required to confirm the proper fit, and to determine if any changes are necessary. A contact lens prescription cannot be released without this evaluation, even if no changes are made. This allows us to be sure that we are providing a prescription with the proper lenses for your eyes.

The fees for Contact Lens fittings are as follows:

### FITTING FOR PATIENTS WHO HAVE WORN CONTACT LENSES IN THE PAST

(In order for the doctor to provide an accurate new prescription, an evaluation is needed annually)

<b>SOFT- NON TORIC</b>	<b>\$125.00</b>
<b>TORIC (ASTIGMATIC) OR BIFOCAL</b>	<b>\$150.00</b>
<b>HARD-GAS PERM</b>	<b>\$250.00</b>

### FITTING FOR NEW CONTACT LENS WEARERS (INCLUDES CONTACT LENS INSERTION AND REMOVAL TRAINING)

(May also apply to new patients that have worn contacts in the past, at doctor's own discretion)

<b>SOFT- NON TORIC-</b>	<b>\$185.00</b>
<b>TORIC (ASTIGMATIC) OR BIFOCAL</b>	<b>\$250.00</b>
<b>HARD-GAS PERM-</b>	<b>\$350.00</b>

### **SPECIALTY FIT FOR KERATOKONUS \$550.00 and up**

(To be determined by doctor, depending on complexity of case)

I have read the above and understand the financial policy. By signing here, I agree to abide by its terms. I understand I can ask for a paper copy of this policy for my records.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date