

Contact Lens Fitting Information and Policy

Patient Eligibility: You must have had a primary care eye examination within three months prior to obtaining a contact lens fitting. If you had an eye exam outside of AccuVision EyeCare or Foresight Optometry, your records must be forwarded to us.

Fitting Services: Include Evaluation of your prescription and ocular health to determine if contact lenses are appropriate; design of lenses; evaluation of diagnostic lenses, instruction on lens care and handling; and follow-up care based on the care needed.

Fitting Fee: The fitting fee depends on your prescription, type of lens fit, and proposed wearing regimen. Each fitting level includes follow-up care up to 3 months. Follow-up care thereafter will incur an office fee of \$30/visit.

		No Changes	Changes	Refit	New Wearer
Insurance Copay _____	Sphere	\$70	\$80	\$100	\$150
	Toric	\$70	\$100	\$130	\$170
	MF/Monovision	\$100	\$130	\$160	\$210
	Gas Permeable	\$90	\$130	\$160	\$210
	Hybrid	\$90	\$90	\$160	\$210
	Scleral Lens	\$110	\$280	\$600	\$700

* Initials _____

Cost of Lenses: The cost of contact lenses is not included in the fitting fee, and is determined by the type of lens prescribed. It is often difficult to predict the cost of materials before the fit is finalized. We are happy to review the estimated cost of your lens before beginning any fitting process if you request to do so.

Refunds: Most patients can be fitted successfully with contact lenses. If you are unsuccessful or discontinue the fitting process, you may be eligible for a partial refund. The amount of refund depends on the number of visits, diagnostic lenses used, type of insurance, and the contact lens manufacturer's policy. In general, lenses cannot be returned for a refund after 30 days. Lenses in opened boxes or damaged boxes (e.g., writing on boxes, crushed boxes) may not be returned.

Insurance: Most medical insurance plans do not cover contact lenses. If you have vision insurance, you may have contact lens benefits available to use toward the fitting process and/or materials. We can help you determine the amount.

Contact Lens Prescriptions: A contact lens prescription can be released to patients only after the fitting, including follow-up care, has been completed. Contact lens prescriptions expire in one year (or sooner depending on your ocular health) so that the health of your eyes can be evaluated.

Patient Responsibility: Most people can wear contact lenses successfully without complication. However, complications can occur for a variety of reasons and may include serious, sight-threatening conditions. It is your responsibility to follow the instructions of your eye care provider regarding wearing schedule, lens care, and follow-up care. Contact lenses may feel fine, but can still harm your eyes. The safest form of vision correction is glasses. Patients should always have an updated pair of glasses for when they are not wearing contact lenses. Regular eye examinations as recommended are necessary to promote eye health. Evaluations and treatment of medical eye conditions associated with contact lens wear are not covered in this fitting and will incur additional charges. * Initials _____

I understand and agree to the policies of AccuVision EyeCare or Foresight Optometry. I had an opportunity to ask any questions I may have regarding the contact lenses policy. I agree to follow the advice and instructions given to me by the doctors and staff. I will remove my lenses and seek care immediately from the AccuVision EyeCare or Foresight Optometry, another eye doctor, or a hospital emergency room if I experience any unexplained eye pain, redness, discharge, or vision change.

Sign Name (*Patient, Parent/Guardian if patient is a minor*)

Date

Print Name

Relationship