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MEDICAL AND COSMETIC CONTACT LENS EVALUATION AGREEMENT

A contact lens evaluation is defined as measurement of the size and shape of the cornea, prescription to increase visual acuity and an evaluation of the contact lens on the eye. **A contact lens evaluation is necessary to prescribe contact lenses.** The contact lens evaluation also includes an insertion and removal instructional appointment (if necessary), an eyeglass prescription (if applicable) and three months of follow-up care (as recommended by the doctor). The three month follow-up care visits are for appointments related to contact lens evaluation issues only. If a visit is due to another condition, there will be a separate charge. **A contact lens evaluation charge is in addition to an eye exam, the contact lens supply and any other charges or services performed by the doctor.** **All contact lens fitting and evaluation fees are for time spent with the doctor and are non-refundable.**

Medical contact lens evaluation (non-refundable): Medical contact lens evaluations are for patients who have an ocular disease (such as, but not limited to: keratoconus, corneal scarring, corneal transplant, corneal irregularity and aphakia) that prevents the patient from achieving their best vision with glasses. A medical contact lens prescription is valid for 6 months.

Medical contact lens initial fit or refit: \$550.00

Medical evaluation of a previously fit lens that requires no change: \$200.00

Cosmetic contact lens evaluation (non-refundable): Cosmetic contact lens evaluations are for patients who require contact lenses for myopia, hyperopia, presbyopia and astigmatism. They are not medically necessary and are thus considered for cosmetic purposes only. A cosmetic contact lens prescription is valid for 1 year.

New fit or refit of a soft spherical lens: \$125.00

New fit or refit of a soft toric (astigmatism) lens: \$150.00

New fit or refit of a soft multifocal/monovision contact lens: \$200.00

New fit or refit of a standard rigid gas permeable lens: \$200.00

Evaluation of a previously fit cosmetic contact lens that requires no change: \$75.00

The patient agrees to pay Cornea Consultants, P.C., in full at the time of service for a contact lens evaluation (see fees above). **Any patient without a statement of pre-authorization from their insurance will be expected to pay in full at the time of service.** We will gladly file the contact lens evaluation to an insurance that we participate with, if paid in full at the time of service or if the patient provides the office with a pre-authorization from their insurance. At the present time, many insurance companies will not pay for a contact lens evaluation. A receipt may be provided to the patient if requested.

Patient's name (Please print)

Date

Patient's signature

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877-234-2020