

eyeballs

contact lens policy

- ONLY COMPLETE THIS PAGE IF YOU ARE INTERESTED IN CONTACT LENSES -

thank you for coming to **eyeballs** for all of your eye care needs. we appreciate you as a patient and want to provide you with the best care possible.

whether you are a new contact lens wearer or a current contact lens wearer, we need to evaluate the health of your cornea, check your visual acuity and determine if you are a good candidate for contact lens wear. **in addition to your routine eye exam, a contact lens evaluation is required for a contact lens prescription.** *there are additional fees associated with this service* beyond the routine eye exam. this evaluation includes additional measurements for the curvature of the eye, corneal health check for correct fit, as well as any adjustments we need to do for better comfort and vision. this fee includes any *contact lens related follow-up visits for 90 days*, as well as *trial lenses* that we supply until your prescription is finalized.

below are the **evaluation fees** for contact lenses **before insurance benefits are applied:**

	new wearer <i>includes training</i>	established contact lens wearer
spherical	\$100	\$70
toric for astigmatism	\$125	\$80
monovision & multifocal	\$150	\$90
rigid gas permeable / rgp*	\$200-300	\$125-200
custom synergeyes, duette, etc.	\$300-400	\$200-300

*prices may vary depending on the type of *rgp* lens the doctor determines to be the best fit

are you interested in being fitted for any specialty lenses? color augmenting/enhancing light sensitivity fashion

contact lens return/exchange policy

contact lens purchases are **final**. if you receive your order with manufacturer defects, please notify us within **30 days** of your order date and we can order replacement lenses for you.

evaluation fees are non-refundable and due at time of service

the doctor will make the final determination of the type of fitting most appropriate for your vision. once you and the doctor are satisfied with the fit, comfort, and vision with your contact lenses, your prescription will be finalized.

i have read and agree with the above fees and policies for contact lens purchases and services.



signature of responsible party _____ date _____