

Medical Contact Lenses
Fitting/Evaluation Agreement

A contact lens fitting/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.

Medical Contact Lens Indications include: aphakia, keratoconus, corneal scarring, corneal transplant, corneal irregularity, ocular surface disease and aniridia.

A MEDICAL CONTACT LENS FITTING/EVALUATION IS \$175 PER EYE THAT IS NON-REFUNDABLE.
ONCE THE PRESCRIPTION IS FINALIZED IT IS VALID FOR 6 MONTHS.

Medical Contact lenses range from \$200.00 - \$1260.00 per lens

A contact lens fitting/evaluation is necessary to prescribe contact lenses. A contact lens fitting/evaluation charge is in addition to an eye exam, the contact lens supply, contact lens follow-up appointments and any other charges or services performed by the doctor. All contact lens fitting/evaluation fees are for time spent with the doctor and are non-refundable.

Pt. initials: _____

Follow-up visits will be billed to your medical insurance and the applicable co-payment, deductible, and co-insurance will apply. Patients who do not have insurance will be considered self pay. Due to the complexity of a medical contact lens fitting/evaluation, please expect the need for multiple follow-up visits.

Pt. initials: _____

For patients with aphakia or keratoconus, See Clearly Vision will submit a claim to your insurance for the fitting/evaluation fee and will not collect in full at the time of service. **If the service is not covered by your insurance plan, you will be responsible for the entirety of the fitting/evaluation fee.** For all other conditions, the patient agrees to pay See Clearly Vision in full at the time of service. A receipt may be provided to the patient if requested.

Pt. initials: _____

Medical contact lenses have a special warranty period of 60 days in which the lenses may be exchanged. Contact lens manufacturers charge a \$50 restocking fee for all returned lenses which is a patient responsibility. There are no returns for custom colored prosthetic lenses.

Pt. initials: _____

Davis Vision, EyeMed (**all offices**) and VSP (**accepted in McLean office only**) may cover medically necessary contact lens fitting/evaluation and lenses as a package. If contact lenses are returned, these insurances will retract the contact lens fitting/evaluation payment as well leaving the patient responsible for the balance.

Pt. initials: _____

All contact lenses are ordered through See Clearly Vision. Because medical contact lenses are custom designed to fit unique corneal curvatures, medical contact lenses must be purchased through See Clearly Vision in order to be fit by one of our doctors. See Clearly Vision participates with most Davis Vision, EyeMed and VSP (**accepted in McLean office only**) plans. For any other insurance, See Clearly Vision can provide you with an itemized receipt for you to submit fees to your insurance or flexible spending account (if such options exists). Once finalized, a contact lens prescription will be released.

Pt. initials: _____

By signing below, I understand that I will be responsible for payment of all co-pays, deductibles, co-insurance and non-covered fees associated with the contact lens fitting/evaluation and contact lens follow-ups that will be billed to my insurance. I also understand I will be responsible for all fees that my insurance company does not cover.

Patient's signature

Date

Patient's name (please print)