

## MEDICAL CONTACT LENSES: FITTING AND EVALUATION AGREEMENT

A contact lens fitting and 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 irregularities
- Ocular surface disease
- Aniridia

**A MEDICAL CONTACT LENS FITTING AND EVALUATION IS \$275 PER EYE AND IS NON-REFUNDABLE.**

**ONCE THE PRESCRIPTION IS FINALIZED IT IS VALID FOR 6 MONTHS. MEDICAL CONTACT LENSES RANGE FROM \$275.00 - \$1260.00 PER LENS.**

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

Follow-up visits will be billed to your medical insurance and the applicable co-payment, deductible, and/or 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 and evaluation, please expect the need for multiple follow-up visits.

For patients with aphakia or keratoconus, See Clearly Vision will submit a claim to your insurance for the fitting and evaluation fee and will not be collected in full at the time of service. **If the service is not covered by your insurance plan, you will be responsible for the entire fitting and 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.

Medical contact lenses have a special warranty period of 60 days (about 2 months) 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.

Davis Vision, EyeMed and VSP may cover medically necessary contact lens fittings, evaluations, and lenses as a package. If contact lenses are returned, these insurances will retract the contact lens fitting and evaluation payment as well, leaving the patient responsible for the balance.

Medical contact lenses are custom designed to fit unique corneal curvatures, therefore, they must be purchased through See Clearly Vision and fit by one of our doctors. See Clearly Vision participates with Davis Vision, EyeMed and VSP plans. For any other insurance, See Clearly Vision can provide you with an itemized receipt for you to submit to your insurance or flexible spending account if such an option exists. Once finalized, a contact lens prescription will be released.

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

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PATIENT SIGNATURE

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DATE

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PATIENT NAME