

Important Notice for New and or Established Contact Lens Wearers

I hereby acknowledge that my insurance will only **COVER** either glasses or contacts. They do not cover both (unless otherwise noted). I understand that contacts are considered a cosmetic device and therefore not covered in my routine eye health evaluation. There will be an additional charge for the contact lens fit and evaluation that is given by the doctor.

I give my consent for the doctor to determine to the best of her knowledge and expertise the type of contact lens that is best for my eyes. Due to various factors which may cause changes in the type of lens I should wear (ie: spherical/ toric/ bifocal/ monovision/ect.) I have read and understand that my eyes may change from year to year and that the type of lens that I am wearing or have previously worn may not be the best option for my visual needs today. Only the doctor can determine the type of corrective lens that I should be wearing. This can only be determined in the exam room. I am aware that the fees for the contact lens evaluation/fitting are non-refundable and are paid when services are rendered.

Contact Lens Fee in addition to your Comprehensive Routine Eye Exam

Soft Spherical	\$60	Toric	\$120
Gas Permeable, Disposable Colors	\$80	Multifocal	\$150
Hybrid	\$90	Hybrid Multifocal	\$150
Monovision, Opaque Colors (Annual)	\$105	Medically Necessary/Post Surgical	\$200

Print Patient Name : _____

Patient or Guardian Signature : _____ Date : _____