

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

**CONTACT LENS EVALUATION AND EXAM FEES:**

Q: Why is there a contact lens evaluation fee in addition to the standard eye exam fee?

A: Contact lens patients require additional testing and monitoring over and above what is done during a routine eye exam. The FDA closely regulates contact lens prescriptions and requires them to be renewed annually per Federal Law. Contact lenses are medical devices, and even though they may feel fine, there are health risks that must be taken seriously. To renew your contact lens prescription today, your doctor will perform the following additional tests:

- Slit lamp microscope examination of the contact lens on the eye to check the lens fit.
- Slit lamp microscope examination of the cornea, conjunctiva, and eyelid tissues, to check eye health and to look for adverse effects from contact lens wear.
- Contact lens refraction to determine the correct contact lens prescription power (contact lens prescriptions are different than eyeglass prescriptions)
- Review new lens designs and materials that may improve comfort and/or health.

The contact lens evaluation fee is determined by the overall complexity of the contact lens fit. This complexity is determined by, but not limited to, factors such as type of contact lens, change in prescription, change in brand, the new or established wearer. These additional charges may apply to your visit today. Insurance typically does NOT cover these fees. However, we will apply any insurance or discounts that may apply.

Routine evaluation with little to no change: \$80-130

Complex evaluation with large power change or a change in the type of lenses: \$130-175

New simple contact lens fit: \$175

New complex contact lens fit: \$225

Specialty contact lens fit/evaluation: starting at \$300

**I HAVE READ AND UNDERSTAND THIS FORM. I AM SIGNING IT VOLUNTARILY.**

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If you are signing as a personal representative of the patient, please indicate your relationship: \_\_\_\_\_

**Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_