

Contact Lens Policy/Agreement

Please read this information carefully. We would be happy to answer any questions.

I understand:

1. **Contact lenses are FDA approved medical devices to be used for the correction of certain vision disorders.** They must fit properly and need to be worn and cared for appropriately to maintain comfortable wear and to prevent permanent damage to the eye.
2. Individual physiological and environmental factors may adversely affect the success of contact lens wear and may lead to a change in the recommended wearing schedule or termination of lens wear. Note: For new wearers it is impossible to determine in advance whether or not a patient will become a successful contact lens wearer.
3. **Current contact lens wear does not guarantee future contact lens wear.** Under certain circumstances or with the development of certain conditions, contact lens wear may become unhealthy or uncomfortable. It is possible to become intolerant to contact lenses over time.
4. **A contact lens prescription is NOT the same as a spectacle (glasses) prescription.** In addition to the *power* of each contact lens, the *size*, *curvature*, and *material* must also be specified. The doctor will evaluate each of these parameters to determine the best fitting contact lens (e.g. if my current contact lenses still fit appropriately and provide the best correction for my visual needs). She may recommend that I try another type of lens to improve either the fit and/ or my vision.
5. **Evaluation of contact lenses is NOT included in a general eye examination.** Contact lens patients require extra time and consideration and will be charged an *additional fee*. This fee includes the cost of any follow-up appointments as described below and is *non-refundable* and payable at the initial fitting/ evaluation appointment. Fees are as follows:

If I wear/ evaluate (on one or both eyes):

My contact lens evaluation fee is:

New wearer = NEVER WORN Contacts before	\$139 <i>disposables</i> (excluding colors) \$159 <i>all other types</i>
Spherical Disposable Contact Lenses (<i>current</i> wearer or <i>within 2 yrs.</i>)	\$59 (excluding colors)
All other types: Colors, Conventional Soft, or Refit into disposables (<i>typically 2 trials</i>) Toric, Monovision, Bifocal, or Rigid Gas Permeable (<i>typically 3-5 trials unless minimal or no change to Rx</i>)	\$79 if 1-2 trials \$139 for 3-5 trials \$159 for 6 or more trials

For contact lenses ordered under warranty (see p. 2): *I have six months from the date of my Contact Lens Evaluation to place an order for contact lenses. If I wait to order contact lenses beyond six months, a new Exam and Contact Lens Evaluation will be required and I will be re-charged the appropriate fee above.*

6. **It is my responsibility to keep my follow-up appointments to ensure that a successful and timely fitting is achieved.** I agree to give at least 24 hours notice if unable to keep a follow-up appointment. Otherwise, I agree to pay an additional \$75.00 for each missed follow-up appointment. Failure to keep my appointments may result in the termination of my lens wear and the cancellation of my contact lens prescription.

During the ***follow-up period***, an unlimited number of visits will be allowed to obtain a satisfactory fit (charged at the rates above). Follow-up care after this period will be charged at the rate of a minimal office visit, per visit.

Contact Lens Policy/Agreement (continued)

The *follow-up period* for contact lenses ordered under warranty (see p. 2) will last **60 days** from the date contact lenses are **first ordered**.

The *follow-up period* for all other contact lenses will last **60 days** from the date contact lenses are **first dispensed or ordered, whichever is first**.

7. **The Washington State Vision Care Consumer Assistance Act requires that my contact lens prescription cannot be finalized or released until I have completed my follow-up care.** After my contact lens prescription expires, I will need to be re-examined to renew it. **No contact lenses will be dispensed from an expired prescription.**
8. **Requests for specific brands of contact lenses made after the fitting process has begun will result in additional fitting fees.** _____ Patient Initials

Contact Lenses with Warranty (May apply to some Soft Spherical Contact Lenses)

The doctor is fitting me with:

Soft Rigid Gas Permeable Toric Bifocal Contact Lenses.

These lenses must be fit exactly to achieve optimal vision and comfort. This typically requires several (2-3) visits and multiple modifications of the lenses.

My contact lenses have been ordered with a warranty, which *expires in sixty (60) days*.

This allows the doctor to modify (exchange) my contact lenses within this time period to achieve the best fit. I will not be charged for additional lenses required to achieve the optimal fit *as long as I return lenses promptly (when replacements are provided)*.

Typically, I will evaluate each lens for 1-2 weeks to allow adequate time for my eyes to adapt. Then, the doctor will carefully evaluate the fit and may decide to change the power, size, and/or curve of each lens.

Patient Name (please print): _____

Guardian Name (please print): _____

*****Required if patient is under 18 years of age*****

Signature: _____ Date: _____

Patient or Guardian (**required if patient is under 18 years of age**)

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