

ADVANCED EYE CARE CENTER

CONTACT LENS FITTING AGREEMENT

WHAT IS A CONTACT LENS FITTING?

A contact lens fitting includes the following services:

- Assessment of visual needs and expectations relating to contact lens wear.
- Evaluation and determination of prescription and eye health in regards to contact lens wear.
- Follow-up examinations (Includes up to 3 visits) to monitor the health, prescription accuracy and fit of the lenses, depending on the complexity of the fit.
- Training session for new contact lens wearers. During this session, patients are taught how to insert, remove, clean and care for contact lenses.

POLICIES

- Fitting fee includes the initial visit, diagnostic lenses, and **any follow-up** appointments within a **60 day** period. Fitting fee varies based on the type of lens being fitted.
- Contact lens services must be initiated within **90 days** of your comprehensive eye exam.
- Charges for fitting fees are due **in full** at the time of the fitting evaluation.
- All contact lenses must be paid for in full **prior** to being ordered.
- Progress checks and other contact lens-related services performed after the 60 day period are subject to normal office visit charges.
- Many insurance plans do not cover the full cost of the contact lens fees. You will be responsible for any uncovered costs incurred by the eye exam, contact lens fitting or contact lenses.
- Professional fees for the complete eye exam and fitting are not refundable.
- Your prescription will not be released and contact lenses will not be ordered for you until your prescription has been finalized by the doctor.
- Contact lens prescription expires after **one year**.
- **Patients given diagnostic lenses at the fitting appointment must wear the lenses to their follow up appointment.**

Contact lens wear comes with increased ocular risks such as corneal infections and corneal ulcers. The potential complications carry risks of severe, permanent vision loss including blindness. If you experience significant itching, changes in vision, redness, eye pain, discharge or light sensitivity, remove your contacts immediately and seek medical attention.

Patient/Guardian signature

Date