



Contact lenses (CLs) are medical devices that rest on the surface of your eyes, and they require a proper fitting in order to obtain a prescription to wear them. If you desire a CL prescription, our doctors will evaluate your eyes to determine the overall health and stability of your vision. This process is called the contact lens fitting. It has a separate fee from the comprehensive eye exam, and it is required every year you wish to wear CLs. That is because CLs require additional measurements, examination, time, and expertise.

The fee for your CL fitting will vary depending upon your prior experience with CLs, the complexity of the fitting, and your specific visual needs. All CL fitting fees are due before trial CLs or a prescription to wear them will be dispensed.

The initial CL fitting appointment will include measurements to determine the proper power and the fit of the CLs. If you require training, we will provide proper insertion and removal instruction. After your fitting and training are complete, you will be provided with trial lenses or a prescription.

Your specific CLs may require additional follow-up visits before your prescription is finalized. The fitting fee for CLs will cover any additional appointments for up to one year, permitting the reason for the visit is due to the CLs. However, if you require an appointment due to a medical concern that is affecting your ability to wear the CLs, then you will be charged a medical visit that can be billed to your medical insurance.

Our pricing for various lens types is as follows and is based upon the aforementioned variables. These fees may be reimbursable through some insurance plans, which require prior verification and authorization. If you do not have a plan that includes CL fitting coverage; you will be responsible to pay at the time of checkout.

Soft Contact Lens: \$90 - \$250

RGP Lens: \$225 - \$275

Scleral Lens: \$800

- **I have read the CL fitting agreement and I understand the fitting procedure.**
- **I understand it is my responsibility to return for CL dispensing and follow-up evaluations at the intervals recommended by my doctor.**
- **I agree to pay the CL fitting fee and I understand my exam today and my final CLs are not included in this CL fitting agreement.**
- **I understand that if I am non-compliant with the care of my contact lenses, my doctor has the right to refuse dispensing CL trials or issue a final CL prescription.**
- **I understand that the CL fitting is a fee for services and is non-refundable, whether I choose to wear contact lenses or not, and that it does not guarantee a CL prescription.**

_____ Patient Name (Please Print)

_____ Patient Signature

_____ Date