



# Guaranteed Contact Lens Success Program

We welcome you into our Contact Lens program. Contact Lens Care has advanced tremendously over the years. They are available for the treatment of most vision conditions. The fitting of these lenses varies from patient to patient. Our doctors and staff are knowledgeable on the latest technologies available in contact lens care.

## **Contact Lens Professional Fees are in addition to comprehensive eye health examination fees.**

All Contact Lens Management Plans include corneal topography, custom fit of the lenses, all the trials necessary to finalize your contact lens prescription, a "starter kit" of solution, contact lens lessons for the insertion and removal of the contact lenses, and medical management during the fitting process. This management includes 60 days from the initial single vision contact lens fit, or 90 days for the complex contact lens fit.

\_\_\_\_\_ **Single Vision Contact Lens Management** includes one pair of trial lenses and one contact lens progress examination. \$135.00 \*Replacement C.L. Wearer \$85.00\*

\_\_\_\_\_ **Astigmatism Contact Lens Management** includes one pair of trial lenses and up to three contact lens progress examinations. \$186.00 \*Replacement C.L. Wearer \$99.00\*

\_\_\_\_\_ **Multifocal Lens Management** includes one pair of trial lenses and up to three contact lens progress examinations, and all measurements at each visit. \$209.00 \*Replacement C.L. Wearer \$119.00\*

\_\_\_\_\_ **Custom Contact Lens Management** for Keratoconus or other complex diagnosis includes up to four contact lens progress examinations, and all measurements at each visit. Our doctors will discuss costs on these complex contact lenses before the lenses are fit.

To insure proper credit for custom contact lens returns we must ship the lenses back to the manufacturer within 90 days of original ship date. Therefore it will be the patient's responsibility to make appointments in a timely fashion so that any necessary lens returns can be made.

\*This fee must be paid in full up front at the time of your exam. The fee includes all professional services and any changes to the contact lenses. The cost of the contact lenses is not included in this fee.

\*Patients may exchange unopened boxes of disposable contacts within one year of purchase date.

**\*If in the rare occurrence that the allotted number of visits is exceeded to finalize your prescription, a \$45.00 fee will apply per contact lens progress examination.**

\*If on the day of the contact lens fitting and evaluation the patient decides not to continue, the patient will return the trial contacts and there will be no fee's due.

\*Replacement Wearer: Same prescription, finalized at initial visit.\*

## **Patient Responsibilities**

1. Follow all verbal and written instructions.
2. Attend all scheduled appointments.
3. Use only the prescribed lens care system.
4. Comply with the prescribed wearing system for the lenses.
5. Report all treatment related emergencies immediately by calling the emergency numbers provided.

## **Provider Responsibilities**

1. Provide clear verbal and written instructions.
2. Provide reasonably convenient office hours for all prescribed visits.
3. Assure the quality of the services and materials provided.
4. Respond to all reported treatment related emergencies in a timely manner.

\_\_\_\_\_  
Signature of Patient/ Acct #

\_\_\_\_\_  
Date