RooseveltVision

POLICIES REGARDING CONTACT LENSES AND PROFESSIONAL FEES

Contact lenses are regulated medical devices. At Roosevelt Vision, we follow all state and federal regulations in order to provide the best opportunity for safe and successful contact lens wear and minimize the risk of potentially serious complications. Federal regulations require contact lenses to be evaluated on the eye, at least once every two years for a contact lens prescription to be issued. Contact lens related professional services are separate from and are not included in a general eye examination.

PROFESSIONAL FEES

All contact lens services include a detailed evaluation of the patient's prescription and ocular surface health, review of available contact lens technology, and instruction on proper care, maintenance, and replacement. Contact lens fees vary based on unique patient needs and the complexity of the fitting. The doctor or contact lens specialist will determine the exact fee level for each patient at the time of examination. Fee ranges are listed below:

Contact Lenses Evaluation– $65 to $100

- *Evaluation and updated prescription of a patient's current contact lenses.*

Contact Lens Fitting for Experienced Users – $125 to $250

- *Refitting into a different brand/material or category of contact lenses for patients who currently wear contact lenses. Fee includes one follow-up visit to verify that the new contact lenses are performing as expected and that the eyes are healthy.*

Contact Lens Fitting for New Users– $150 to $275

- *First time fitting for patients who have never worn contacts before. Includes instruction and training on how to safely handle, insert, remove, and care for contact lenses. Fee includes one follow-up visit to verify that the new contact lenses are performing as expected and that the eyes are healthy.*

Professional fees are non-refundable, and do NOT include the cost of the contact lenses. Same day services for fittings may be limited by availability of diagnostic lenses in office. All follow up evaluations must be completed within 60 days. If the need arises for further care, additional fees will be charged. Contact lens prescriptions will be issued after completing the required follow up visits. Please be aware that insurance companies rarely cover the entire cost of contact lens professional services, and that any non-covered fees are due at the time of service.

Patient Name _____ DOB _____

On behalf of the patient named above, I understand the fitting process and: (select one)

- ❑ wish to proceed with contact lens services today.
- ❑ decline contact lens services today.

I acknowledge I have been informed a copy of my final prescription will be on my online Personal Health Record.

_____ _____

Signature of Patient (or Parent/Guardian if patient is under 18 years old) Date

10/15/2020