

Contact Lens Evaluation Fees and Policies

We want to thank you for considering a contact lens evaluation with the doctors of BAKER FAMILY EYECARE. Contact lenses are considered medical devices and regulated by the FDA. To obtain an accurate contact lens prescription, the tear film and corneal health are analyzed and diagnostic lenses are evaluated on the eye to determine proper fit and quality of vision. It is important that contact lens patients are seen at least once a year by their eye doctor because contact lenses are foreign objects that move around on the eyes, therefore posing a higher potential for serious eye problems.

Contact lens fitting and evaluation is not part of the comprehensive annual eye exam and is not covered by insurance. Our fees are as follows:

Renewal of Contact Lens Fit and Power: \$69

- Established patients of our office who have been previously fit with contacts
- Minimal to no change of power, may or may not require a follow-up
- **Sixty (60)** days of follow-up care related to your contact lenses are provided with this service

New Contact Lens Fitting/Evaluation: \$89

- New contact lens wearers
- Contact lens wearers that are new to our office
- Established contact lens wearers that require a significant change in their contact lenses.
- Often requires a follow-up visit
- **Sixty (60)** days of follow-up care related to your contact lenses is provided with this service.

Specialty/Custom Contact Lens Fitting:

- Bifocals, RGPs, High Astigmatism **\$109**
- Post-Surgical, Keratoconus, Hybrid lenses **\$249**
- Always requires a follow-up visit
- **Sixty (60)** days of follow-up care related to your contact lenses is provided with this service.

Contact Lens Insertion and Removal Training: \$30

- Required for new contact lens wearers
- Change in style of lens that requires different technique for insertion and removal

Notice: Follow-up care, if requested by your doctor, is vital to determine the fit of the lens, provide optimal vision and to protect the health of the eye. If you elect to forego the follow-up care and return beyond the initial follow up period, there will be a refitting fee of \$49.00.

THE CONTACT LENS EVALUATION/FITTING FEE WILL NOT BE REFUNDED OR CREDITED

I have read and understand the above information and agree to the terms set forth and all of my questions have been answered.

Signature of patient or legal guardian

Date