If you are interested in contacts today, please read and sign:

Contact Lens Fees: **These fees do <u>NOT</u> include:** The refraction fee The cost of a comprehensive eye exam The cost of the contact lenses	**New Fit:** Yearly exam that entails problems or changes (Price includes training and follow ups)	**Yearly contact lens exam:** No problems or change in lenses.
Contact Lens Type:		
Soft Lenses	$40.00	$25.00
Spherical RGP	$65.00	$40.00
Specialty Fit - Monovision, Bifocal, Multifocal (Soft or RGP)	$80.00	$60.00
High Cylinder Lenses (2.25 or higher)	$80.00	$60.00
Medical fits - Keratoconus or Abnormal cornea	$105.00	$95.00

All fees include 45 days of follow-up care at no charge. Additional follow up visits are $35.00 each.

Above fees do **NOT** include the cost of the contact lenses

PAYMENT
Fees for the comprehensive exam, contact lens fitting, or annual contact lens checks are **<u>due at the time of service</u>**. The full estimated payment is required for all contact lens orders, with the exception of trial lenses. Any remaining payment must be paid at the time of pick-up before the contact lenses will be dispensed. All speciality lenses are ordered with a warranty to guarantee they are returnable. Replacement contact lenses will only be dispensed when original lenses are returned to our office. We accept cash, checks, VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS and CareCredit. After the initial fit, we will gladly order contact lenses over the phone with a credit card as long as the prescription is valid.

REFUNDS
There will be no refund on custom lenses, opened boxes of lenses, or colored lenses because of dissatisfaction with the color. If, however, the doctor decides to discontinue the patient's contact lens use, a full refund of the unopened contact lenses will be given. There will be **NO** refund of the exam, fitting, or annual contact lens check fees.

I have read and understand the Contact Lens Policy, including the fees. All of my questions have been answered and I have received a copy of the above information.

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Patient/Guardian Signature   **Date**