

North County Eye Center

CONTACT LENS MANAGEMENT & EVALUATION AGREEMENT

In order to properly measure and manage your vision and ocular health, contact lenses require annual evaluations with scheduled follow up visits under professional supervision. ***It is necessary to check for proper fitting and eye health before a written prescription for contact lenses is issued. All contact lens services are regulated under federal law as a medical device. An unexpired contact lens prescription (within one year old) is required to purchase your contact lenses where available.***

A Contact Lens Management and Evaluation must be done in order to determine your prescription. This contact lens service is in addition to your routine eye examination. Contact Lens Services are ***not included*** in the routine exam. This separate service has its own fee from your routine eye examination. This fee varies depending on the difficulty of the fit and prescription as well as the type of lens.

NEW FIT:

Soft Spherical	\$85.00
Rigid Gas Permeable	\$85.00
Toric, Monovision, Multifocal	\$100.00
Complex, Keratoconus, Bi-Toric	\$150.00

ESTABLISHED WEARER:

Soft Spherical	\$60.00
Rigid Gas Permeable	\$85.00
Toric, Monovision, Multifocal	\$85.00
Complex, Keratoconus, Bi-Toric	\$150.00

This management and evaluation fee is a service and is ***non-refundable***. This fee is to be collected before the fitting process begins.

The Management and Evaluation Fee includes:

- Starter solution and a contact lens case
- Training for insertion and removal as well as education on maintaining your lenses and tips for comfort.
- Your first visit and two (2) follow up visits that are completed within 3 months from the service date, if necessary. If more visits are required an additional fee may apply.

Should a medical condition occur during the course of the management and evaluation, the visits that are necessary to examine and treat that condition are not included in the Contact Lens and Evaluation. The appropriate medical office visit fees will apply.

_____ ***I elect to receive these services.***

_____ ***I defer these services.***

Signature: _____ Date: _____