

CONTACT LENS FEE POLICY

The cost of contact lens evaluation and fitting fees are determined based upon the patient's status with DuPage Ophthalmology (new or established contact lens patient), and the complexity of the contact lens fit. Typical fees range between \$50-\$100. Professional fees are as follows:

| Contact Lens Evaluation type | Fee |
|-------------------------------------|------------|
| Single Vision | \$50 |
| Toric (for astigmatism) | \$75 |
| Multifocal/Monovision | \$100 |
| Specialty/Complex Fit | \$200 |

This **DOES NOT include the cost of an eye health examination or the cost of contact lenses**. A contact lens evaluation includes the following: 1) Initial contact lens consultation, appropriate testing and determination of prescription 2) One pair of trial lenses (soft contact lenses ONLY) 3) A "starter" contact lens cleaning kit 4) Insertion and removal training if needed 5) Up to 3 contact lens-related follow up visits to finalize contact lens prescription within the first 60 days of fitting period 6) Copies of contact lens and glasses prescriptions, valid for one year.

We request full payment of contact lens evaluation fees at the time of initial consultation. Occasionally, within the first few weeks after initial fitting and dispensing of contact lenses, it may be necessary to make small changes in the parameters of the lenses. If such changes are necessary, they will be made at no additional cost to the patient for a period of sixty days.

We are not responsible for dispensed lenses that become torn, damaged, or lost by the patient during handling. After the final visit within the 60 day fitting period, all contact lens related follow up visits will be charged at our regular office fee schedule.

We require contact lens patients to have **both** an eye examination and contact lens evaluation yearly. Professional fees for annual contact lens evaluation/prescription renewal (without change in lens brand) are \$50.

Contact lenses can be ordered through our office at any time as long as the contact lens prescription is current (no more than 1 year old). Lens polishing and cleaning (for rigid gas permeable lenses only) is available for \$20 per lens or \$30 per pair of lenses.

Cost of contact lenses varies depending on the wear schedule, replacement schedule, and lens material. The cost of lenses will be discussed with you prior to ordering, however, the prices are dependent upon manufacturers' charges and are subject to change without notice. Payment for contact lenses is required at the time lenses are ordered. As a courtesy we will ship prescribed lenses directly to you at no extra cost.

CONTACT LENS PRESCRIPTIONS

A contact lens prescription is not like a spectacle prescription. The initial examination and fitting provides information about what lenses IN OUR OPINION will be best for your eyes. Until we have observed the lenses on your eyes and finalized the prescription within the initial fitting period, we cannot release a prescription for the lenses. Once the fitting is completed (typically the second or third visit) and fitting fees are paid in full, a prescription can be released to you.

CHALLENGING FITS

On occasion a patient may present with an unusual refractive error or ocular problem that makes the fitting of contact lenses extremely challenging. We try to identify these patients during the initial consultation. Often multiple attempts are required made to fit the lenses, and it may be necessary to charge an additional fee for the time and expertise required for the fitting. Such costs will be discussed with the patient before they are incurred.

REFUND POLICY

We will try our best to fit you with lenses that are appropriate for you. If, based on the assessment from the doctor, the lenses are well fit and vision through lenses is acceptable, there will be no refund for professional fees should you elect to discontinue wearing the lenses. In those few instances where a medical contraindication may arise, or vision or comfort is not satisfactory during the sixty-day initial fitting period, a refund of 50% of the professional fees will be issued. Only unopened boxes of contact lenses in good, re-sellable condition (as determined by our office) will qualify for a refund, less a 15% restocking fee. All lenses must be returned to the office prior to issuance of refund.

I have read and understand the DuPage Ophthalmology contact lens fee policy.

Please Sign, Print Name, and Date

Signature

____/____/____
Date

Print Name