

CORNEAL EVALUATION FOR CONTACTS

For contact lens wearers, a corneal evaluation must be performed yearly to evaluate the eye health and update the contact lens prescription. This fee is in addition to the refractive eye exam for glasses.

Please note that you are considered a *new* patient if you have not been seen here for *3 years or more*. Vision plans vary in coverage. This may or may not be a covered service by your plan, please check your plan for details.

The fees are as follows (applies to all daily wear, extended wear, and disposable contact lenses):

New Fitting (New patient or new contact lens type/brand/material; the type of fit will be determined during the initial exam/fitting)

Spherical	\$ 80.00
Toric (astigmatism)	\$ 100.00
Multifocal and Monovision (distance and near)	\$ 120.00
Rigid Gas Permeable/Hybrid	\$ 150.00
Medical/Specialty lens (not including myopia control or orthokeratology)	\$ 300.00
Insertion and removal training (if needed)	\$ 25.00/hour

Established wearers (within 3 years) updated to the same lens type/brand/material

Spherical	\$ 70.00
Toric (astigmatism)	\$ 80.00
Multifocal and Monovision (distance and near)	\$ 100.00
Rigid Gas Permeable/Hybrid	\$ 120.00
Medical/Specialty lens (not including myopia control or orthokeratology)	\$ 175.00

This fee will include trial lenses in most cases and any follow-up visits necessary to complete the contact lens prescription. The follow-up visits are used for any adjustments such as power changes, product compatibility, and comfort issues. All of this is included as part of our guaranteed contact lens program. Follow-up visits **must** be completed within 30 days of dispensing trial contact lenses to avoid any additional fees.

Per Florida law, most soft contact lens prescriptions are valid for 2 years (can be shorter at Doctor's discretion).

Failure to return for a follow-up examination (if needed) may jeopardize the health of your eyes. It is your responsibility to reschedule any follow-up visits that have been cancelled. *No refunds will be extended for professional services.*

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION

SIGNATURE OF PATIENT OR PARENT/GUARDIAN

DATE