InVISION
EYE CARE CENTER
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Contact Lens Evaluation and Explanation of Fitting Fees

Please understand that charges for your contact lens services will be in addition to your comprehensive eye examination fee. By law, contact lenses must be evaluated annually and correctly fit for your eye health and vision to be properly maintained. Some insurance companies *do not* cover this portion of the exam. The contact lens evaluation and fitting fees will range in price depending on the complexity of the lenses worn. Follow-up care will need to be completed within 60 days to ensure no extra fees are accrued.

New Wearers

The fitting fees for new contact lens wearers include: the initial fitting of contact lenses, instruction for insertion and removal as well as contact lens care, all trial contact lenses necessary to determine correct fit and prescription, contact solution and case, and any subsequent visits concerning the fit of contact lenses.

Single Vision and Toric Lenses	**$70**
Monovision and Multifocal Lenses	**$100**

Existing Contact Lens Wearers with Previous Fit in Same Contact Lens Type

This evaluation fee applies to existing contact lens wearers who, at the end of the exam, the doctor determines that a change in your contact lenses type is not necessary; however a new prescription *is* warranted.

Single Vision and Toric Lenses	**$50**
Monovision and Multifocal Lenses	**$70**

Existing Wearers with a New CL Fit (New Type of Lens)

This evaluation fee applies to existing contact lens wearers who have a need or desire to change their current contact lenses.

Single Vision and Toric Lenses	**$70**
Monovision and Multifocal Lenses	**$100**

Existing Wearers with no Follow-Up Appointments or Prescription Changes

All contact lens types	**$30**

Patient Responsibility

I understand that the fitting fee does not include the cost of lenses. Contact lens prescriptions will only be released after the initial fitting period is successfully completed and all fees are paid. I understand that even with proper care, there are risks to wearing contact lenses, and those risks increase with improper use. I must follow the doctor's instructions about the recommended wear and replacement schedule to ensure the health of my eyes. I agree to remove my lenses at the first sign of problems and call the office immediately if I experience pain, redness, or decreased vision.

Patient or Guardian Name (Printed) Date

Patient or Guardian Signature Date