



CONTACT LENS FEE AND WAIVER FORM

Thank you for choosing Palmetto Cataract and Eye Specialists as your healthcare provider. We ask that you carefully read and sign this form to acknowledge your understanding of our contact lens fees.

What is the contact lens fee?

The contact lens fee represents extra time, testing, and measurements which are beyond the normal eye exam. The contact lens exam ensures that your eyes are healthy, that your lenses fit properly, and that you are seeing properly out of your contact lenses. The fee is non-refundable and due at the time of service.

The fitting fee includes:

1. additional testing and measurements to determine proper contact lens fitting
2. the contact lens fitting and review of lens options
3. lens changes if necessary (the patient is responsible for any differences in the cost of contact lenses)
4. insertion and removal training session, if needed
5. review of proper contact lens care
6. one set of trial soft lenses (if the lenses have changed)
7. the refraction fee
8. a contact lens prescription, valid for one year.
9. follow-up visits up to 30 days related to lens fitting (medical visits, such as infection or red eye, are not covered)

Contact lens fees are separate fees from any co-payments, co-insurance, and deductibles.

Contact lens fees are not covered by insurance. The fee does NOT cover the costs of contact lenses.

The fee for new contact lens wearers is \$185.00. The fee for existing contact lens wearers is \$110.00.

Why do I have to pay the fee if my contact lens prescription did not change?

Contact lens are considered medical devices and a yearly prescription is needed to renew its use. Physicians cannot determine whether a change in your prescription is needed without a contact lens exam. Dependent upon your exam findings, a different contact lens may be recommended (despite good vision with your current lenses).

Contact Lens Disclosure

As with any drug or device, the use of daily wear or extended wear contact lenses is not without risk. A small percentage of individuals wearing daily wear or extended wear lenses may develop potentially serious complications, which can lead to permanent eye damage.

If you have any unexplained:

• Eye pain/redness • Eye watering/discharge • Cloudy or foggy vision • Decrease in vision, or increased light sensitivity
Remove your contact lenses and seek care. Arrangements should be made to see your eyecare professional before wearing your contact lenses again.

I have read the above information and understand that the contact lens fees will be a non-covered service. I accept full financial responsibility for the cost of these services. The co-payment, co-insurance, and deductible are separate from, and not included in, these fees. I also acknowledge that I will comply with recommended contact lens care and agree with the above disclosure.

Signature of Patient or Guarantor:

Date:

Print Patient's Name:

Print Legal Guardian's Name, if applicable: