



## Contact Lens Information and Management Fee

Level	Management Fee	Type
0.5	\$47	<b>*Soft Contacts</b>
1.0	\$70	
2.0	\$84	
3.0	\$100	<b>*Specialty Custom Contacts</b>
3.5	\$195	
4.0	\$275	
4.5	\$537	
5.0	\$900	
6.0	\$1650	
OrthoK Fitting	\$1,250-\$2,250	<b>Initial Fitting</b>
OrthoK	\$150	<b>Yearly Management Fee</b>

**\*Subject to change. Depending on your prescription.**

**Patient Eligibility:** You must have had a primary care eye examination within six months prior to obtaining a contact lens evaluation. If you had an eye exam outside of InVision Eye Health, your records must be forwarded to us.

**Services Include:** Evaluation of your prescription and ocular health to determine if contact lenses can be/should be worn; design of lenses; evaluation of diagnostic lenses; instructions on lens insertion, removal and care; and follow-up for 60 days.

**Evaluation Co-Pay/ Annual Management Co-Pay:** The cost of the contact lens service depends on your prescription, type of lens fit, and proposed wearing schedule. If you have not worn contact lenses previously, or if you need to switch to a different category of lens, your fee will vary depending on the factors described above.

**Cost of Lenses:** The cost of contact lenses is not included in the contact exam management fee and is determined by the type of lens prescribed. It is often difficult to predict the cost of materials before the fit is finalized but an estimate can be reviewed with you. If your lens is a custom lens, **you will have to pay for it before it can be ordered.** (This usually applies to fit levels 3.0 – 6.0 and annual lenses shipped in vials.)

**Refunds:** Patients who cannot be fitted successfully, or who choose to discontinue the evaluation process, may be eligible for a partial refund. The amount of the refund will not exceed 50%, and depends on the number of visits and diagnostic lenses used. Material refunds depend on the policy of the manufacturer. In general, lenses cannot be returned for a refund after 30 days. We cannot return lenses in opened boxes or damaged boxes (e.g.: crushed or writing on boxes).

**Insurance:** Most medical insurance plans do not cover contact lenses. Contact your plan for more information. If you have extra vision coverage (e.g.: VSP, Eyemed), you may have contact lens benefits and should check with your provider or benefits coordinator to determine if some or any of the contact lens evaluation or materials costs are covered.

**Contact Lens Prescriptions:** A contact lens prescription can be released to patients only after the services have been completed including follow-up contact lens checks.

**Patient Responsibility:** Most people can wear contact lenses successfully without complication. However, people who abuse their contact lenses can develop serious, sight-threatening conditions. It is your responsibility to follow the instructions of your Doctor as to wearing schedule, cleaning regimen, and follow-up care. Contact lenses that feel fine can still be damaging to the eyes which is why regular eye appointments are necessary to ensure good eye health. Contact lens prescriptions expire in one year (or sooner depending on your ocular health) so that the health of your eyes can be maintained.

**I agree to the above policies of InVision Eye Health. I further agree to follow the advice and instructions given to me by InVision Eye Health doctors and staff. I will remove my lenses and seek care immediately from InVision Eye Health, another eye doctor, or a hospital emergency room if I experience any unexplained eye pain, redness, discharge, or vision changes.**

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## Contact Lens Care & Handling

Contact lenses and disinfecting solutions are considered medical devices and are regulated by the Food and Drug Administration. When cared for and worn properly, contact lenses are among the safest forms of vision correction. Practicing good hygiene when handling contact lenses is one of the most important ways to prevent possible sight threatening complications. Contact lenses that feel fine can still be damaging to the eyes. Therefore, it is extremely important for regular eye health evaluations in the presence of contact lenses.

### Recommendations for healthy contact lens habits: (Please initial)

\_\_\_\_\_ Always **wash and dry hands** prior to handling contact lenses.

\_\_\_\_\_ The **solution** recommended to you is \_\_\_\_\_

- Rub your lenses with the solution to remove protein, oil, and deposits prior to overnight storage.
- Only fresh solution should be used to clean and store contact lenses. DO NOT re-use old solution and always follow the directions on the package inserts.
- DO NOT use saline solution, rewetting drops, or tap water to disinfect contact lenses.

\_\_\_\_\_ Empty the **case**, clean it with your prescribed solution, and let air dry upside down after inserting your contact lenses. Replace your contact lens case every **3 months**.

\_\_\_\_\_ **Inspect** the contact lens prior to putting it on your eye to be sure that it is moist, clean, free of tears, and not inside out.

\_\_\_\_\_ **Replace** your contact lenses as recommended to reduce the risk of eye infections or other potential problems.

- Your contact lenses must be replaced every \_\_\_\_\_ day/weeks/month.

\_\_\_\_\_ **DO NOT sleep** in your contact lenses, unless indicated by your doctor.

\_\_\_\_\_ **DO NOT** expose your contact lenses to any **water** (tap, bottled, pool, lake or ocean water).

- Exposing contact lenses to water may increase the risk of severe eye infections that can lead to vision loss or blindness.
- If you do come into contact with water, discard the lenses afterward and replace with a fresh, sterile pair.

\_\_\_\_\_ **DO NOT** share your contacts or wear another person's contacts .

\_\_\_\_\_ **Seek immediate professional care** if you experience any of the following:

- Discomfort
- Excessive tearing
- Vision changes
- Redness

**I understand and agree to the Contact Lens Management Fee and the above recommendations for contact lens care and handling.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Patient OR Parent/Guardian if patient is a minor)

Print Patient Name: \_\_\_\_\_