

## **CONTACT LENS FITTING AGREEMENT**

### **WHAT IS A CONTACT LENS FITTING?**

A contact lens fitting includes the following services provided by both doctor and staff at the Pediatric Eyecare of Northern Jersey.

- Assessment of visual needs and expectations.
- Evaluation and determination of prescription and eye health in regard to contact lens wear.
- Diagnostic trial lens fitting.
- Follow-up examinations to monitor eye health, prescription accuracy and appropriate fit within a 30 to 60day period, depending on the complexity of the fit.

### **FITTING FEE**

The fitting fee includes the initial visit and all subsequent visits directly related to contact lens wear and fit within a 30 day period or 60 day period, depending on the complexity of the fit. The fitting fee varies based on the type of lens being fitted and the follow up period required. The follow up period begins when the first contact lenses are dispensed to the patient.

**LEVEL ONE:** The patient sees the contact department after a doctor exam wearing known lens parameters with a good fit, is satisfied with the performance of the lenses, and has no or very little change or question of visual success. Simple measurements may be taken as requested by the doctor. Fee: \$50.00

**LEVEL TWO:** New fit to RGP or durable toric lenses. Fee: \$80.00

**LEVEL THREE:** New fit or re-fit to RGP or durable bifocal lenses. Fee: \$100.00

**LEVEL FOUR:** New fit or re-fit to RGP or durable bifocal lenses

/New fit to Keratoconus or reverse geometry lenses Fee: \$150.00

### **INSERTION AND REMOVAL TRAINING**

In addition to the above fitting fee, first time contact lens wearers are scheduled for a training session with a contact lens technician when the trial lenses arrive. During this session, patients are taught how to insert, remove, clean and care for contact lenses. The session may take up to an hour and a half, depending on how quickly the patient becomes comfortable with insertion and removal of the lenses.

### **POLICIES**

- Charges for fitting fees are due in full at the time of the fitting evaluation.
- All contact lenses must be paid for in full prior to being ordered.
- Progress checks and other contact lens-related services performed after the above mentioned follow up period are subject to normal office visit charges.
- Many insurance plans do not cover the full cost of contact lens fees. You will be responsible for any uncovered costs incurred by the eye exam, contact lens fitting or contact lenses.
- Professional fees for the complete eye exam and fitting are not refundable.
- You are responsible for scheduling and attending follow up visits in order to finalize your prescription.

Your prescription will not be released and contact lenses will not be ordered for you until your prescription has been finalized by the doctor.

- Contact lens prescriptions expire after one year in the state of New Jersey.
- We can provide your contact lens prescription if:
  - You have had a contact lens exam within the last 12 months at Pediatric Eyecare of Northern Jersey
  - All financial obligations have been met.

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Name Signature Date