

**Southern Eye Associates**  
**CONTACT LENS FITTING, EVALUATION & MANAGEMENT POLICY**

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**Contact Lenses are medical devices, regulated by the FDA.** Your Physician will evaluate the health of your eyes and the fit of your contacts to determine the optimal prescription. Contact lens exams are required on a yearly basis. The contact lens evaluation is not part of the standard eye exam. There is an additional fee for a contact lens evaluation/fitting and prescription update. **All contact lens patients will be charged a yearly contact lens evaluation fee.** The price depends on the type of contact lens that your doctor decides is best for you, doctor/staff time involved and expertise necessary. A contact lens prescription will not be provided if a fitting was not completed and/or any follow up visits were not kept.

**Corneal Topography:** This procedure is considered mapping of the cornea and is a specialized test, necessary for certain types of contact lenses. It has been determined that your insurance may not cover this procedure. **If the doctor believes this procedure necessary there will be a \$30.00 fee, which will need to be paid at the time of your co-pay.**

If you order your lenses from our office, you will receive the following additional benefits:

- 1 Convenient home delivery on contact lens orders and online ordering available – Free shipping to your home on Year Supply orders.
- 2 Discounts and Rebates off of year supply orders.
- 3 20% off your spectacle orders (if not billed on any insurance)

If you chose to order your contacts through another source, we need you to be aware of our policy:

- 1 **Additional trial lenses cannot be supplied to you.** All visits for any follow up care will be charged at the normal and customary office charge.
- 2 No reimbursement or credit for any defective lenses or unused lenses in the case of a needed power or parameter adjustment will be given.

**Level I: Contact Lens Evaluation and Management \$69.00**

This Evaluation applies to Established Patients, New Contact Lens Fittings, and New Patients wearing the following lenses: Spherical, Toric, Gas Permeable. Your current contact lens fit and prescription will be evaluated yearly to insure that you are wearing the most compatible contact lens for your eyes. Any changes to the fit or the power will be made as necessary to promote continued eye health and best vision. The services for this fee include: complete analysis of contact lens requirements, previous history, lens type, wearing schedule, evaluation of your eye's particular physiological requirements, diagnostic evaluation the fitting/refitting and evaluation for contact lenses, tear film/corneal health analysis, contact lens follow up visits for 90 days, and diagnostic trial lens are provided. For New Contact Lens Wearers proper instruction on insertion and removal, handling, care, and Starter Solution Kit will be given. This Evaluation renews your contact lens prescription for 1 year in accordance with the FDA and SC State Laws.

**Level II Contact Lens Evaluation and Management \$89.00**

This level of service is provided to all New and Established Multifocal, Bifocal, or Monovision contact lens wearers. This is inclusive of all services provided in the Level I Evaluation and renews your contact lens prescription for 1 year in accordance with the FDA and SC State Laws.

**Level III Specialty Contact Lens Fitting \$199.00**

This level of service is inclusive of all services provided in Level I and II, however it is much more specialized in nature. Post-surgical, corneal rehabilitation, Keratoconus lens fittings typically fall into this category, unless determined differently by your Physician. 90 days follow-up care related to your contact lenses are provided with this evaluation and fitting.

**Some Level III patients require additional visits to compete these complicated fitting situations. Additional visits beyond the sixty days are charged on a per office visit basis.**

I \_\_\_\_\_ (print) understand these procedures and agree to them and to pay the above mentioned fees.

Signature \_\_\_\_\_ Date: \_\_\_\_\_ Chart # \_\_\_\_\_