

Brilliant Eye Care

Contact Lens Agreement

The contact lens fitting fee varies depending on your prescription and the type of contacts you are prescribed. The prices listed below are for current contact lens wearers. First time wearers will receive insertion and removal training for an additional \$20 fee. This is not optional and ensures that the first time contact lens wearer will be able to safely put on and remove their contact lenses outside of our office.

\$109 for single vision, spherical (no astigmatism) soft contact lenses

\$129 for single vision, toric (astigmatism) soft contact lenses

\$149 for multifocal or monovision soft contact lenses

\$169 for hard (RGP) contact lenses or patients who have had vision correction surgery

The prices listed above also include an updated glasses prescription. Your contact lens fitting fee will be different from the ones listed above if your insurance has coverage for a contact lens fitting. If you are not sure what category your exam will fall under, please ask a technician before we start your exam.

If an ocular condition **prevents** the doctor from accurately determining or finalizing a glasses or contact lens prescription (i.e. red eye, corneal eye diseases, severe dry eyes etc.) you will not be given a prescription for glasses or contacts. Instead, you will be charged an office visit fee today (fee will vary depending on the condition). If this is the case, you will be given separate, detailed information on your plan of treatment.

If the doctor requires you to return for a contact lens follow-up, there is **no charge** for all **CONTACT LENS RELATED follow-up visits** for up to **2 months** (60 days). If it takes over 2 months to finalize your contact lens prescription because you did not return for follow-ups **or** because your ocular health prevents the prescription from being finalized, you will be charged for a new contact lens exam in full. **It is your responsibility to come in prior to 60 days.** After 2 months, the health of your eyes and state of your vision may change drastically, and the only way to accurately assess your prescription would be with another full routine exam and fitting.

By signing below, I accept and understand Brilliant Eye Care's Contact Lens Agreement. (If you have any questions, please ask prior to your exam. Do not sign this agreement if all your questions have not been answered and/or if you do not agree with our policy.)

Name (PRINT): _____

Signature: _____

Date: _____