

CONTACT LENS POLICY

Advancements in contact lens technology offer the potential for successful contact lens wear to most of our patients. A contact lens is a medical device in contact with the tissues of your eye; therefore, it must fit appropriately to maintain the health of your eyes. A contact lens prescription is determined by corneal evaluation, measurements, and careful observation of the lens on the eye and the eyes response to the lens on follow-up visits if necessary.

THE COMPREHENSIVE EYE EXAM

Before a patient can be fitted with contact lenses, a complete medical and refractive eye examination is necessary. This exam is critical to ensure the good health of your eyes and to rule out the possibility of any unsuspected, underlying condition that may prevent contact lens use.

CONTACT LENS FITTING

The goal of contact lens fitting is to find the most appropriate contact lens for each patient’s optimal vision and comfort. An enormous variety of types, materials, sizes, and colors are offered. We are committed to taking the time and effort to fit your contact lenses properly. Although many patients will need only one fitting session, sometimes this process requires several appointments. All patients being fitted into contacts must go through the fitting process. We will not finalize the contact lens prescription until both the patient and the doctor are satisfied with the fit and visual acuity of the contact lens. We will provide one set of trial lens. The fitting fee, which includes any follow-up visits within the first 90 days, is determined by the type of lenses prescribed, the difficulty of the fit, and whether the patient is a first-time contact lens wearer. **THIS FEE IS NON-REFUNDABLE AND DUE AT THE TIME OF SERVICE.**

CONTACT LENS TRAINING SESSION

The patient will be provided with personalized instruction concerning the safe care and usage of contact lenses. Upon completion of successful insertion and removal, the patient may begin wearing the contact lenses and we will schedule the first follow-up appointment.

ANNUAL CONTACT LENS CHECK

By law, your contact lens prescription is valid for two years from the date of your contact lens evaluation and fitting, unless documented medical reasons require otherwise. All patients are required to come in for an annual contact lens exam. This is necessary to ensure that the patient’s eyes are healthy, and the contact lenses are still fitting well. If we are seeing you for the first time, and you have had a contact lens prescription from another office, the doctor will use their judgment to use the prescription from another office for the fitting and prescription of the contacts.

PAYMENT

Fees for the comprehensive exam, contact lens fitting, or annual contact lens checks are due at the time of service.

REFUNDS

There will be NO refund of the exam, fitting, or annual contact lens renewal fees.

CONTACT LENS EVALUATION & FITTING FEES

CONTACT LENS EVALUATION TYPE	CPT CODE	NEW & ESTABLISHED PATIENTS	
		NEW WEARER	REFIT / RENEWAL
LEVEL 1 (Standard Spherical, Astigmatism, Multifocal, Monovision)	92310	\$60	\$30
LEVEL 2 (Ocular Disease, Keratitis or Multiple Conditions)	92071	\$110	\$55
LEVEL 3 (Aphakia, Keratoconus, or Multiple Conditions)	92072 92311 92312 92313	\$300	\$150
LEVEL 4 (Other Ophthalmological Services & Procedures, Custom Specialty Lenses)	92499	\$500	\$250

- **NEW PATIENTS:** Patients who have not been examined by a physician at Excel Eye Center.
- **ESTABLISHED PATIENTS:** Patients who have previously been examined by a physician at Excel Eye Center.
- **NEW WEARER:** Patients who have not worn and/or been fitted for contact lenses are considered as a new wearer.
- **ANNUAL RENEWAL:** Established patients of Excel Eye Center who are a current wearer and/or been fitted for contact lenses within the last 2 years.
- **REFIT EVALUATION:** Established patients who have had a significant change to their contact lens prescription, changes in contact lens type or have worn contact lenses in the past and would like to be refitted for contact lenses.

I have read and understand the Contact Lens Policy and I am aware that these terms and charges are subject to change.

PATIENT SIGNATURE: _____

DATE: _____