



## Contact Lens Evaluation and Management Policy

The annual comprehensive eye examination does not include the evaluation for contact lenses. Contact lenses are described by the Federal Drug Administration (FDA) as medical devices and must be monitored and evaluated on a regular basis. Patients wearing contact lenses for the first time and/or patients wanting to renew their contact lens prescriptions are responsible for the fee(s) involved.

The contact lens evaluation begins with the doctor assessing the eyes to make sure the cornea, lids and lashes are healthy. The evaluation also includes the prescription renewal, checking the overall fit and stability of the contact lenses, trial contact lenses, and progress exams related to the contacts. Most insurance companies do not cover the contact lens portion of the eye examination; however, some insurance policies offer a discount or copay amount on the contact lens evaluation fee. There is no discount for private pay patients. Contact lens evaluation fee(s) are non-refundable.

Our contact lens evaluation fees depend on the complexity of the contact lens fit and the type of lenses necessary. (Examples listed do not always fall under the Level shown based on the complexity of the fit.)

Level 1: \$80 (Example: spherical soft lenses)

Level 2: \$110 (Example: soft toric lenses, spherical RGP's)

Level 3: \$140 (Example: established soft multifocal, mono-vision, RGP bitoric, RGP multifocal)

Level 4: \$190 (Example: initial soft mono-vision or multifocal, RGP bitoric, RGP multifocal)

Level 5: \$260 (Example: advanced lens design care – Synergeyes and Keratoconus)

## First Time Contact Lens Wearers

First time contact lens wearers must complete a successful training with a staff member at Family Vision Care of Cool Springs. ***This training incurs a one-time fee of \$35 in addition to the contact lens evaluation fee.*** Before a patient can leave with contacts or with a contact lens prescription, the patient must be comfortable putting in and taking out contacts on their own with the final approval of the staff member. This is for the protection and comfort of the patient. Contact lens training must be scheduled and is not done during the comprehensive eye examination.

## Patient Authorization

**YES** I would like a contact lens evaluation to receive my contact lens prescription and have the ability to purchase contacts for the next 12 months. I understand the fee(s) associated with the evaluation must be paid at the time of service. I will receive a copy of my contact lens prescription once it is finalized by the examining doctor. (Receiving trial lenses is not a final prescription and requires follow-up with the examining doctor before a final contact lens prescription will be given.)

**NO** I do not want a contact lens evaluation and understand that I will not be able to purchase contacts without an updated contact lens prescription.

\_\_\_\_\_  
Signature of Patient or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Name (Please print.)