



Contact Lens Fitting Fees

The below fees are not covered by medical insurance. If you have a separate vision plan the fees may be discounted.

Check and Renewal (today’s visit only): \$70

The following fees include 2 follow up visits. Subsequent follow up visits with incur additional charges:

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|-----------------------------|--------------|---|--------------|
| Basic Refitting: | \$105 | Specialty Refit (Toric/Multifocal/GP): | \$135 |
| Basic New Fit: | \$170 | Specialty New Fit (Toric/Multifocal/Monovision): | \$230 |
| Refit Gas Permeable: | \$115 | Gas Permeable New Fit: | \$285 |

Refraction Fee

A refraction is the process of determining if there is a need for corrective eyeglasses, or a change in the eyeglass prescription. It is NOT a covered service by Medicare or most medical insurance plans. These plans consider refraction a “vision” service, not a “medical” service. Our office fee for refraction is separate from your insurance co-payment. We appreciate your payment today. **There may not be a change in your prescription, however, if we do the refraction we have to charge for it.** If you elect to proceed with the refraction, we will submit the charge on your behalf to your insurance carrier. Should any portion of the refraction be covered by your insurance carrier you will be reimbursed.

_____ **Yes, I choose to have refraction, I may need a prescription for glasses (\$60)**

_____ **No, I choose not to have refraction; I do not want a prescription for glasses.**

Routine Exams

We have recently come across many situations where we have been provided with inaccurate information from insurance companies. For this reason, we will no longer check routine exam eligibility. Unfortunately, we must pass this burden and risk onto our patients. By signing below, you are acknowledging that you will be responsible for a total exam and refraction fee of **\$180.00** if your insurance does not cover a routine exam. We will bill your insurance for both an exam and a refraction.

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| Patient Name | Patient/Representative Signature | Date |