## James V. Jones, OD

## **Explanation of Contact Lens Fees**

(These Fees are in addition to your comprehensive/refraction eye examination fees)

As a contact lens wearer, additional tests are provided for you that are necessary to make sure your eyes are healthy, that your lenses fit properly, and to ensure that you are seeing as well as possible. Contact lens professional fees are for the extra testing and time taken by the staff and doctor each year to properly evaluate your contact lenses.

Contact lenses are prescribed medical devices that require a yearly fitting/evalution and an updated prescription.

## Contact Lens Fees - New and Established patients

- Level 1 Fitting Fee \$75.00 Spherical (distance only) when corneal health is stable. (New patients that are previous contact lens wearers or Established patients that are being re-fit (new design or different type), will be charged the Level 1 fitting fee as a re-fit by our office)
- Level 2 Fitting Fee \$105.00 Mono vision contacts, Multi-focal contacts, astigmatism contacts, new contact lens wearers, RGP fits/refits, patients whose eye health is not stable (dry eyes, allergies and other corneal conditions).
- Contact Lens Evaluation Fee \$50.00 Established patients only When there is little to no change with your current prescription prescribed by this office within a reasonable time from your last exam and corneal health is stable. This evaluation fee is required in order to receive a prescription for contacts.
- Medically necessary contact lens Fitting Fee \$135.00 \$270.00 New and Established patients Including, but not limited to, aphakia, keratoconus and other corneal injuries.

All contact lens fits require at least one or two follow up appointments to ensure that your contact lenses fit well and your eyes remain healthy. All follow up appointments must take place within 45 days of original fitting to receive a contact lens prescription. The first two follow-up visits are included in the above fitting fees. If more than two visits are needed, there will be a \$25 charge for each additional office visit.

The fitting fee is to be paid on the day of fitting or before diagnostic lenses are ordered. Most insurance companies DO NOT pay the fitting fee.

By signing below you agree to Dr. Jones fitting/evaluation fee policy and understand that all fees must be paid at time that service is rendered.

Patient Name			 	- · · · · · · · · · · · · · · · · · · ·
Signature/Guarantor				
Contact Lens Services Refused	9 190	• # **		