

Patient Name: \_\_\_\_\_

**Quakertown Eye Associates, P.C.**  
**Contact Lens Fit & Evaluation Fee Informed Consent**

A contact lens **New Fitting**, **Refitting** and **Evaluation** are additional services with additional fees that are:

- NOT included in a Comprehensive Eye Examination
- NOT usually covered by insurance
- Due at the time services are rendered
- NOT refundable

**DEFINITIONS:**

**1. New Contact Lens Fitting:**

*Includes the fitting (by the doctor) of contact lenses to your eyes, an in-office instruction on how to insert, remove & care for your lenses, a trial pair\* of contact lenses, a sample solution, a case, a Contact Lens 'Owner's Manual', and all subsequent follow up appointments until a contact lens prescription is finalized, or it has been determined by you or the doctor that contacts are not a viable option for you at this time. (Patients must return for follow up appointments within 3 months to avoid additional charges).*

**You will be charged this fee if:**

- You have never worn contacts in the past
- You are switching from Gas Permeable Contacts to Soft Contacts, and have never worn Soft Contacts
- You are switching from Soft Contacts to Gas Permeable Contacts, and have never worn Gas Permeable Contacts

**2. Contact Lens Refitting:**

*Includes the fitting by the doctor of contact lenses to your eyes, a trial pair\* of contact lenses, and all subsequent follow up appointments until a contact lens prescription is finalized, or it has been determined by you or the doctor that contacts are no longer a viable option for you.*

**You will be charged this fee if:**

- You are switching BRAND, SIZE or TYPE (i.e. you wore single vision contacts and are now trying multifocal contact lenses)
- You do not know what kind of contact lenses you are currently wearing

**3. Contact Lens Evaluation:**

*Includes the yearly evaluation of your current contact lenses on your eyes for fit, eye health in relation to contact lens wear, and contact lens prescription.*

**You will be charged this fee if:**

- You are happy with your current contacts, and the doctor does not feel a change of BRAND, SIZE or TYPE is necessary

*\*Trial contact lens fees are usually included in the fitting fee. However, some specialty soft lens trials, and all gas permeable lenses are NOT included in the fitting fees.*

**FEES:**

Additional fees are charged for these services **in addition to** the Comprehensive Eye Examination. These fees are dependent on the TYPE of contact lens being fit (*fees are subject to change without notice*):

	<b>New fit</b>	<b>Refit</b>
Spherical Contact Lenses	\$150	\$90
Toric Contact Lenses	\$200	\$125
Multifocal/Monovision Contacts	\$250	\$150
Multifocal Toric Contacts	\$275	\$150
Spherical Gas Permeable Contacts	\$300	\$175
Multifocal/Toric/Monovision Gas Permeable Contacts	\$500	\$250
Keratoconus/Hybrid Contacts	\$600	\$300
Scleral Lenses	\$600	\$300
Yearly Contact Lens Evaluation (no changes in brand/size/type of lens):		\$75

**Please sign below to acknowledge that you have been informed of and have agreed to these non-refundable fees prior to the services being performed:**

**X** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Relation to Patient:**    Self    Parent/Guardian

updated 3/17/2022