



MRN# _____

Refraction & Contact Lens Policy

Refraction is the optical determination of the best possible eye vision. It is needed to determine if any medical, optical, or surgical treatment may be indicated. It is NOT a covered service by most insurance plans. **Our office fee for refraction is \$40** and it is collected at the time of service and is in addition to any co-payment, deductible, or coinsurance.

Refraction Notice to Patients

A refraction must be performed to obtain a prescription. Do you want to receive an eyeglass or contact lens prescription today?

Patient's initials: _____

Contact lenses are an excellent alternative to glasses for correcting vision, but if not taken care of responsibly and properly with periodic follow-up visits, they can be dangerous. Georgia Eye treats contact lenses very seriously.

To assure the patient's eyes are healthy and the contacts are still fitting well, a patient must have an exam every 12 months to renew a contact lens prescription. Contact lens exams have a separate charge and are NOT included in your medical exam.

Fees for Contact Fittings

A contact lens fitting fee is \$100 for all **NEW** soft contact lens wearers. There is a \$50 **annual refit** fee for patients who have not worn contacts in a while or patients changing to a different prescription or contact lens type. This is in addition to the office visit fee and refraction. There is no refit fee if no change is notated, or you elect to have your same lens type and prescription.

Multifocal contact lens: The annual **re-fit** is \$75.00 and a **NEW** Multifocal fitting is \$150.00.

The fitting fee includes:

- A doctor examines the health of your eyes due to contact lens wear. ●
Education, training and a contact lens solution starter kit
- Up to two samples of contacts (additional samples subject to a \$20 handling fee)
- A one-week follow-up appointment

A refraction fee of \$40 is charged for the exam to determine your contact lens prescription renewal. This is a separate fee in addition to the contact lens fitting or refit fee.

Any changes made to contact lenses after 90 days will be considered a new fit and will require additional exams and fees.

Scleral lens wearers: The fitting fee is \$350.00 due to the extensive fitting process and follow up visits. Scleral lenses are custom-made to the exact specifications prescribed by your eye doctor to provide the best possible vision, eye health and comfort. The cost is \$425 per lens due at the time of purchase. If changes need to be made there is no additional charge; this covers the exchange of the lenses for up to 120 days.

Rigid Gas Permeable “RGP” wearers: The fitting fee is \$175.00 due to the extensive fitting process and follow up visits. RGP lenses are custom-made to the exact specifications prescribed by your eye doctor to provide the best possible vision, eye health and comfort. The cost of the actual lenses will vary depending upon the lens power, and material needed and will be due at the time of purchase. If changes need to be made there is no additional charge; this covers the exchange of the lenses for up to 120 days.

Contact Lens Orders

For new prescriptions, contact lenses may be ordered on the one week follow up appointment after wearing the trials to assure they are suitable.

- We conveniently ship them direct to you & should arrive within 1-2 weeks
- Payment for contacts is due at the time of order
- If contacts are shipped to the office, they must be picked up within 30 days or they will be returned to the manufacturer.

Refunds/Returns

You may return most contacts within 30 days of the ship date provided the boxes are unopened, unmarked, and not damaged with a 10% handling fee. Unfortunately, opened boxes of lenses are not returnable.

Most contact lenses except for disposables have a 30-day warranty on manufacturer defects. This does include tearing. The 30-day warranty is calculated from the date the contacts were received by your or in our office.

Please ask us if you have any questions. A copy of this form will be placed in your chart and a copy is available to you upon request.

I have read and understand the above information and I agree to the protocols outlined within.

Patient's Signature

Date