

Contact Lens Fit and Follow Up Policy

Thank you for choosing the doctors at Kent Eye Clinic to prescribe your contact lenses!

Whether you are a new contact lens wearer or current wearer, we need to evaluate the health of your cornea, your visual acuity, and determine if you are good candidate for contact lens wear. In addition to an eye exam, a contact lens evaluation is required for a contact lens prescription. Because this evaluation includes additional measurements and tests for the curvature of the eye, corneal health check for correct fit, as well as any adjustments we need to do for better vision and comfort, there are additional costs outside of the routine eye exam. This fee includes any contact lens related follow-up visits for up to 60 days and any trial lenses that we supply until your prescription is finalized. Contact lenses are a medical device that if not fit and cared for properly can endanger the health of your eyes. Because of this, contact lens prescriptions must be renewed every year.

Evaluation fees are non-refundable and are due at the time of services rendered.

The doctor will make the final decision on the type of fitting most appropriate for your vision. Once you and the doctor are satisfied with the fit, comfort, and vision with your contact lenses, your prescription will be finalized.

Below are the evaluation types and fee for contact lens services:

	New wearer	Established wearer
Standard Contacts Evaluation fees	\$150	\$95
Specialty or Medically Necessary (medical insurance)	\$220	\$95
Myopia Control (elective service – not covered by insurance)	\$527 annually	
Orthokeratology Lenses (elective - not covered by insurance)	\$672.00 Standard Lens / \$840.00 Complex Lens	
MiSight Contact Lenses (covered under insurance allowance)	\$608.00 (6 month supply) / \$972.80 (12 month supply)	
Other soft contact lens or bifocal glasses options (covered under insurance allowance)	Variable Pricing (pending on option chosen)	

*Specialty/Medically necessary contact lenses may require additional services and will be billed to your medical insurance.

I have read and agree with the above fees for contact lens fitting services. A copy of my prescription will be available to me once it is finalized.

Signature: _____

Print Name: _____ Date: _____

We know that you have choices when buying your contacts. **After rebates, many of our contact lenses are priced either the same or less expensive than other locations.** We always exchange and guarantee your contacts should a problem arise. All purchased boxes of contact lenses are 100% exchangeable up to 1 year if the package remains unopened and are not expired. Please use trial lenses first and determine if they are right for you before making your yearly supply purchase. **Thank you in advance for supporting local business!**

You must be able to perform the following before you can order contacts:

- Safe insertion and removal of your contact lenses. Training provided. (Staff initial ____)
- Hygienic care and maintenance of the contact lenses, including hand washing before insertion. (Staff initial ____)
- Need more help? No problem! Please schedule a formal training. This training is included in the new wearer fee.