

Annual Contact Lens Agreement

At St. Rose Eye Care, we carry the latest in contact lens technology, and specialize in the difficult to fit patients. This includes astigmatism-correcting lenses (Toric), multifocal lenses, corneal diseases (like keratoconus) and post-surgical contact lens fits. We are dedicated to your health and an enjoyable, comfortable contact lens experience.

A **Contact Lens New Fit Evaluation** is necessary if you have no previous history of contact lens wear. This charge will be in addition to the comprehensive eye examination fee. This fee will cover the initial evaluation and all contact lens related follow-up visits for a period of 90 days.

The Contact Lens Fit Evaluation will range in price depending on the complexity of contact lenses worn:

- **Standard** Spherical Soft Contact Lens New Fit\$100
- **Premium** Toric for Astigmatism Contact Lens New Fit\$120
- **Premium** Monovision/Extended Wear/Toric XR Contact Lens New Fit.....\$130
- **Premium** Multifocal Contact Lens New Fit\$150
- **Premium** Toric Multifocal Contact Lens New Fit.....\$180
- **Premium** Gas Permeable Contact Lens New Fit.....\$150
- **Premium** Toric Gas Permeable Contact Lens New Fit\$225
- **Premium** Multifocal Gas Permeable Contact Lens New Fit\$300
- **Medical** Contact Lens New Fit\$200-\$1000
- **Medical** Keratoconus Contact Lens New Fit.....\$1000

A **Contact Lens Established Fit Evaluation** is necessary to renew the current contact lens prescription and is in addition to the comprehensive eye exam fee. This evaluation will include precise measurements, analysis of your vision needs, and recommendations specifically tailored to you. It may also include the use of diagnostic lenses, if necessary, by our doctors to ensure the proper fit of the lenses and good ocular health.

The Contact Lens Evaluation fee will range in price depending on the complexity of the contact lens worn:

- **Standard** Spherical Soft Contact Lens Established Fit\$90
- **Premium** Toric for Astigmatism Contact Lens Established Fit.....\$115
- **Premium** Monovision/Extended Wear/Toric XR Contact Lens Established Fit\$125
- **Premium** Multifocal Contact Lens Established Fit\$145
- **Premium** Toric Multifocal Contact Lens Established Fit.....\$175
- **Premium** Gas Permeable Contact Lens Established Fit\$150
- **Premium** Toric Gas Permeable Contact Lens Established Fit.....\$225
- **Premium** Multifocal Gas Permeable Contact Lens Established Fit\$300
- **Medical** Contact Lens Established Fit\$200-\$1000
- **Medical** Keratoconus Contact Lens Established Fit\$1000

The following products and services are included in the contact lens fitting and evaluation fee:

- Professional examination of contact lens fit and power
- Contact Lens related follow-up care for up to 90 days
- Trial pair of contact lenses (if available)
- Trial size contact lens solution and new contact lens case (for new contact lens wearers)
- Manufacturer rebates to purchase contact lenses through St. Rose Eye Care

Professional insertion and removal training (for new contact lens wearers)\$25

- If necessary, it will also include the cost of any additional contact lens training classes needed for those individuals needing contact lens instructions for insertion, removal and lens care.

The contact evaluation fee is for professional services and does not include the cost of the lenses. The supply of contact lenses is billed separately.

Contact lenses will not be ordered or dispensed without 100% of fees paid. If we are billing to your insurance for your contacts lenses, we will not dispense contacts until we have payment from insurance.

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Contact lens prescriptions will only be released after the initial fitting period is successfully completed (which must include the examination, fitting, and follow-up visits), and **after all fees are paid**.

Refund policy: Most patients are able to wear contact lenses successfully, but a successful fit and wear experience cannot be guaranteed. If we determine that you are unable to be successfully fitted during the initial fitting period, you will be entitled to a refund on the cost of lenses, provided that the lenses are returned in wearable condition and are covered under the manufacturer's warranty/return policy. Contact lens boxes must be unopened and not written on for return.

Please note that fees for professional's services, such as examination fees and contact lens fitting fees, will not be refunded.

Contact lens prescriptions are valid for **1 Year** in the state of Nevada. St. Rose Eye Care recommends yearly Contact Lens Evaluations and comprehensive eye examinations. These yearly eye health exams check the overall health of your eyes as well as ensuring your prescription is still accurate.

I acknowledge that this agreement has been explained to me and that I have had an opportunity to ask questions about this agreement and services provided.

Printed Patient Name

St. Rose Eye Care Team Member Printed Name

Signature (Guarantor/Patient)

St. Rose Eye Care Team Member Signature

Date