## WHITE BEAR EYE CLINIC

## Contact Lens Exam, Follow-up Care and Instruction

Contact lens fitting, follow-up care and instruction have separate fees from a routine eye exam.

A complete eye exam as defined by insurance companies includes a refraction to assess the need for corrective lenses, an eye health examination, including a glaucoma test and a dilated retinal examination where indicated. It does not include any assessment of impact of contact lens wear, measurements or fittings of contact lenses, progress evaluations or on-going management care for contact lens patients.

Unless contact lens coverage is specifically noted in your insurance plan, your insurance company will not pay these fees:

| ☐ For FIRST-TIME CONTACT LENS WEARERS the fee is between \$                            | 96 and   |
|--|----------|
| \$168 depending on the type of lenses fitted. This fee includes the initial conta      | act lens |
| fitting and instruction, diagnostic contact lenses and any contact lens related visits | for one  |
| full year. Fee is higher for first-time wearers  |          |

|     | For <b>CURRENT</b>  | <b>CONTACT LE</b>  | NS WEARERS      | the fee is b | etween \$55    | and \$106 |
|-----|---------------------|--------------------|-----------------|--------------|----------------|-----------|
| dep | ending on the type  | of lenses fitted.  | This will renew | your contact | t lens prescri | ption and |
| cov | er any contact lens | related visits for | one full year.  |              |                |           |

## Please check the appropriate box below:

| I understand the above-mentioned fees and wish to have my Corneal Evaluation and/or Contact Lens Fitting and instruction done by White Bear Eye Clinic today.                         |
|---|
| I wish to return at a different time to have my Corneal Evaluation and/or Contact Lens Fitting and Instruction.   |
| I do not wish to have my Corneal Evaluation and/or Contact Lens Fitting and instruction done by White Bear Eye Clinic. I understand my contact lens prescription will not be renewed. |

You will also be entitled to a 15% discount on any complete eyeglass purchase. (No other discounts apply.)

## PLEASE BE AWARE, CONTACTS PURCHASED ARE NOT RETURNABLE.

| Signature: | Date:  |
|------------|--|
| •          | are under 18, parental consent is required.) |