

## 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 V	<b>VEARERS</b> the fee is between \$96 and
\$168 depending on the type of lenses fitted.	This fee includes the initial contact 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>	CONTACT LE	ENS WEARERS	the fee is b	between \$55	and \$106
dep	ending on the type	e of lenses fitted.	This will renew	your contac	t lens prescri	ption and
cov	er any contact lens	s related visits for	r one full year.			

## Please check the appropriate box below:

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	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.
0	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, OPENED BOXES OF CONTACTS ARE NOT RETURNABLE.

Signatur	e: Date:	
Ü	(If you are under 18, parental consent is required.)	