

Contact Lens Agreement

Edmonds & Associates, LLC

dba Edmonds Eye Associates, Great Valley Eye Associates

A contact lens is a medical device that is in direct contact with the delicate tissues of your eye. As such, it must fit appropriately to maintain the health of your eye and allow best-corrected vision. A contact lens prescription can only be determined by the careful measurement of ocular structures and then observation of the lens on the eye. The eye's response to the lens can only be evaluated on scheduled follow up visits. It is your responsibility to keep all appointments and follow all care instructions.

Before a patient can be evaluated for contact lenses, a complete medical and refractive eye exam is necessary. If you had a comprehensive exam in the last six months by another doctor, the record of that exam must be released to our office. If not, we will need to perform a comprehensive eye exam prior to the contact lens evaluation. The fee for contact lens evaluation is not included in the comprehensive exam fee or refraction fee. The fee is for professional services related to specific testing and measurements related to the contacts, evaluation of lenses on the eye, and appropriate follow up. It does not include the cost of the contact lenses. The fee depends on the exam results and the type of lenses that will be prescribed. Additional fees may apply if the lens type is changed.

Most insurance plans do not cover the contact lens fees. Some plans may have an allowance or provide partial coverage but there is always an out of pocket component. You will be responsible for any uncovered costs incurred. The fees are due on the date of service.

The following is included in the contact lens evaluation fee:

- Specific testing, measurements and examinations related to contact lens wear
- Lens design calculations and product matching to determine the best lenses
- Evaluation of the initial lens on the eye
- Follow up evaluations of the lens performance over a prescribed period of time depending on the individual case
- Professional training of lens care

For all contact lenses, the full payment of the professional fees and contact lenses is required to begin the order. Contact lens prescriptions are only available after the evaluation period is successfully completed and all fees are paid. A contact lens prescription is valid for 1 year from the date of the initial exam. A renewal of an expired contact lens prescription requires an annual contact lens evaluation. The fee for this is not included in an annual eye exam.

After the initial evaluation, replacement contact lenses may be ordered over the phone with a credit card or on our website www.edmondsgroup.com as long as the prescription is valid.

Refund policy: There will be **no refund** on custom lenses, opened or marked boxes of lenses, or colored lenses because of dissatisfaction with color. There will be no refund of the professional services including the eye exam or contact lens evaluation.

Medically Necessary Contacts:

Only certain eye conditions qualify for a medically necessary lens. These lenses require prior approval from insurance companies. We provide your insurance company with information and test results for them to make a determination for payment. The time frame for each company varies and can be anywhere from 2 weeks to several months. Contact lenses must be paid prior to ordering the lenses.

*Self Pay option: Should you choose to pay out of pocket for your lenses and evaluation, the order can be placed right away. *We are unable to change the order to self pay once the insurance claim has been submitted (unless the claim is denied). *If you choose to self pay, we can not submit the claim to insurance.*

Warranty: For a new evaluation, once the lens is received, there is typically a window of 90 days that alterations can be made. If you are unable to make it in for an appointment during this time frame you may forfeit the warranty.

Shipping: Once a prescription is finalized, shipping may be available. This must be paid for at the time of the order. Orders ship direct from the manufacturer. Once lenses are received in the office, they must be picked up. All new fittings or changes in power require a follow-up to verify the lens. We are unable to dispense the lens until it is verified on the eye.

I acknowledge that this agreement has been explained to me and that I have had the opportunity to ask questions about the agreement and services provided. By signing this form, I acknowledge that I will be receiving a digital copy of my contact lens prescription instead of a paper copy. A paper copy of the finalized script may be requested at any time.

Signature _____ Date _____