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CONTACT LENS FITTING FEE AGREEMENT

Patient Name: _____

Chart #: _____

To make your contact lens experience as pleasant and informed as possible, we would like to explain our contact lens fitting procedure.

A contact lens (CL) prescription is different from a glasses prescription. A CL is a medical device that rests on the cornea of your eye and requires proper fitting on the eye to create a healthy environment. If you are having an eye examination and wear CL's, our professional staff will be evaluating your current CL's to determine how safe and effective they are. This fitting and assessment are above and beyond your eye examination and will require an additional fee.

NEW FIT:

If this is the first time that you have been fit with CL's then this is considered a new fit and you will be charged a CL fee in the amount of \$100.00 - \$200.00. (The fitting fee will be determined by the doctor according to the type of CL's). This fee covers the CL fit and any follow-ups required for four (4) months. At four months a final prescription will be written based on the trial lenses dispensed or another fitting fee will be applied. All CL fitting fees are due before any trial CL's or CL prescription will be released.

The initial CL fitting appointment will require measurements to determine the proper power and fit of the CL's. If you have never worn a contact lens, you will need a contact lens training session with one of our technicians.

REFIT:

Patients will be responsible for a CL refit fee if they currently wear CL's and either request or require a change in the brand of CL's, or do not know their CL prescription information or wear CL's and are new to the practice. The CL refit fee in the amount of \$80.00 - \$150.00 covers the new measurements, selection of new CL's, and any follow-ups required for up to four (4) months. If we do not have your trial pair in stock you will be notified for a follow-up appointment with our doctor. At that time the doctor will give you your final CL prescription. At four months a final prescription will be written based on the trial lenses dispensed if you fail to return for follow up care.

ASSESSMENT:

Patients who currently wear CL's and are current patients of Wolf Eye Center who do not require any changes will be charged a small fitting fee of \$45.00. This fee is required in order for the doctor to assess that the patient's eyes are still healthy enough to wear contacts and that the CL's they are wearing are performing the way they should.

Alaska Statute, Article 4 section 08.71.200 states "contact lenses shall be fit in conjunction with and under the supervision of a licensed physician or optometrist and with a written contact lens prescription showing that the prescription may be filled for contact lenses and requiring that the patient return to see their prescribing physician or optometrist."

I have read this contact lens fitting fee agreement and I understand the fitting procedure. I understand that it is my responsibility to return for contact lens dispensing and follow up evaluations of my contact lenses at the intervals recommended by this office. I agree to pay the contact lens fitting fee listed above and I understand that the cost of my exam today and my final contact lens supply is not included in this contact lens fitting agreement.

Date

Patient Signature

PATIENT CL AGREEMENT

Professional fees are paid for contact lens fittings and are nonrefundable. Contact lenses are purchased separately and in the case of soft contact lenses any boxes purchased must be returned **unopened, undamaged, with a non-expired expiration date and within 6 months of signed Contact Lens Fitting Agreement** to receive credit. Gas permeable contacts must be returned in good condition, lost or damaged gas permeable contact lenses are non-refundable.

Virtually all types of contact lenses will be available for fitting and we will make every attempt to conform to your wishes. However, we will recommend the contact lenses that give you the best vision possible and fit your individual lifestyle. In order to provide our patients with the highest standard of care, all patients are **REQUIRED** to have a comprehensive vision and medical examination by our doctors prior to contact lens fitting. Contact lens fitting fees vary depending on the type of contact lens with which you are fit.

I am aware of other alternatives for the correction of my vision other than contact lenses. Even with proper care there are risks to wearing contact lenses, which include: **Soft lenses** - irritation from solutions or protein build-up, conjunctivitis, dry eyes, corneal vascularization and severe and potentially blinding corneal infections and loss of eye. **Rigid lenses** - intolerance, corneal swelling and ulceration, corneal warping, change in shape of the cornea causing problems seeing well with glasses and irritation from chipped or broken lenses. **Extended wear contact lenses** – very few contact lenses are approved for extended wear. Risks include, but are not limited to, significantly increased risk of corneal ulcer and infection, severe and potentially blinding corneal infections, and possible loss of eye(s). “Extended wear” does not imply “continuous wear”.

I understand the fragility of contact lenses and that there is no warranty against damage of the lenses.

I understand that this contact lens prescription is valid for replacement lenses for **one year** and that an annual eye and contact lens examination will be required to update this prescription for replacement lenses after one year. I understand that if I do not have an exam after one year, then my risk of infection, discomfort, or ruined lenses becomes greater as time passes. No trial contact lenses and/or contact lens refills will be given if the prescription is expired.

There are many variables to contact lenses and I understand there is no guarantee that I will become a successful contact lens wearer.

Date

Patient Signature