



27900 North Main Street  
Daphne, AL. 36526  
251-621-1211

Date \_\_\_\_\_

## **PLEASE READ CAREFULLY!!**

Thank you for choosing our office for your professional contact lens fitting and evaluation. Your total contact lens fee will consist of charges for professional services in addition to your exam.

### **PROFESSIONAL SERVICES**

Professional fee + Fitting fee + Contact lens = Total due at time of visit

YEARLY CONTACT LENS FEE                      \$50.00

CONTACT LENS FITTING FEE AND RE-FITTING FEE- (SINGLE VISION)        \$70.00

CONTACT LENS FITTING FEE- (GAS PERM, BIFOCAL, TORIC OR MONOVISION) \$110.00

Included in your contact lens fitting is a **ONE** trial pair of contact lenses, instruction on insertion and removal of lens, caring of your contact lens, a care kit and follow up visit. Once the follow up visit has taken place, you may purchase contact lenses. **CONTACT LENS MATERIALS ARE NOT INCLUDED IN THE PRICE OF THE EXAM OR FITTING. THIS IS AN OUT OF POCKET EXPENSE. OUT OF POCKET CHARGES MAY BE DIFFERENT IF FILING ON INSURANCE.**

Follow up visits must be completed within 30 days or there will be an additional contact lens fitting fee.

All professional fees and materials are due at the time of the exam...If you choose not to continue with the contact lenses or change to a different type, the money paid for services only, will go towards the purchase of eye glasses or a different type of contact lens. **NO MONEY WILL BE REFUNDED. NO CHARGES FILED TO INSURANCE WILL BE REVERSED.**

If you currently wear contact lenses the above fee schedule still applies.

***\*SPECIAL NOTE:*** We do not COD (cash on delivery) contact lens orders. We require payment in full before all orders are placed. Also, please make arrangements to place your order before you run out of contacts and/or before your prescription expires as we will no longer be able to supply you with any trial lenses.

***Exchange/Return Policy:*** We will exchange unopened/not damaged—to include no writing on boxes and expiration date no less than 1 year to expiring for exchange for in stock items only. Boxes must be in resalable condition. Any products that have to be returned to the manufacturer must be within 30 days of the original purchase date and a \$5.00 per box restocking fee will apply. We will not exchange or credit any opened boxes.

I AGREE TO THE ABOVE CONTACT LENS FITTING AGREEMENT

\_\_\_\_\_  
Printed Name of Patient

\_\_\_\_\_  
Patient or Responsible Party Signature