

Elahi Eye Care, Inc.

Contact Lens Policy and Professional Fees

THIS FEE WILL BE DUE TODAY BEFORE TRIALS CAN BE TAKEN HOME.

A contact lens is a **medical device** in contact with the tissues of your eye; therefore, it must fit properly to maintain the health of your eyes.

Before the contact lens evaluation can be done, you need to have a comprehensive eye examination done by the optometrist within the last 60 days. The exam is critical in assuring good health of your eyes and to rule out the possibility of any unsuspected, underlying condition that may prevent contact lens use.

Your doctor recommends that contact lens patients have a yearly exam to monitor the health of their eyes and fit of the lenses. In some instances, in order to finalize your contact lens prescription, follow-ups may be necessary. It is your responsibility to come for the follow-up(s) as directed.

(Signature) I have reviewed this policy on (Date)

Basic contact lens evaluation fee (\$35)

This level of service is for previous patients that are in optimal lens for their refractive error and for the health of their eyes. This level of service may be available to new patients provided the new patient presents wearing their current lenses and has some detail information about their previous contact lens prescription. You will be provided with trial lenses as they are available. The service provides for any needed follow-up visits related to your contact lenses for a sixty-day (60) period from the date of your exam.

Moderate contact lens evaluation fee (\$75)

This level of service is available to those who have a slightly more than basic need for refractive correction. The lenses are soft disposable lenses and trials will be dispensed as they are available. Occasionally, additional instruction on wear and care are provided. This service provides all follow-up visits related to your contact lenses for a sixty-day (60) period from the date of your exam. You will be provided with trial lenses and a cleaning solution kit.

Advanced contact lens evaluation fee (\$90)

This level of service is for contact lens wearers who require correction for very complex levels of vision and may need multiple follow-ups before the final correction is achieved. The service provides a contact lens prescription at the end of the evaluation process and provides all follow-up visits related to your contact lenses for a sixty-day (60) period from the date of your exam.

Once the trial has been dispensed, the annual contact lens evaluation fee is nonrefundable, and are charged based upon the complexity of your prescription. We do not bill insurances for this service, but we can provide you a receipt.

Contact Lens Prescription Receipt Acknowledgment

Included below is important information to review prior to receiving your contact lens prescription.

The Centers for Disease Control and Prevention (CDC) make clear, "Contact lenses can provide many benefits, but they are not risk-free – especially if contact lens wearers don't practice healthy habits and take care of their contact lenses and supplies. However, more serious infections can cause pain and even permanent vision loss, depending on the cause and how long the patient waits to seek treatment."

The CDC recommends the following for contact lens wearers:

- Schedule a visit with your eye doctor at least once a year.
- Take out your contacts and call your eye doctor if you have eye pain, discomfort, redness, or blurry vision.
- Understand that eye infections that go untreated can lead to eye damage or even blindness.

The Food and Drug Administration (FDA) indicates:

"To be sure that your eyes remain healthy you should not order lenses with a prescription that has expired or stock up on lenses right before the prescription is about to expire. It's safer to be re-checked by your eye care professional."

Symptoms of Eye Infection include:

- Irritated, red eyes
- Worsening pain in or around the eyes – even after contact lens removal
- Light sensitivity
- Sudden blurry vision
- Unusually watery eyes or discharge

Sign below to acknowledge that you were provided with a copy of your contact lens prescription at the completion of your contact lens fitting.

Patient Signature: _____

Date: _____