**To Our Contact Lens Patients**

This is a summary of the professional fees we charge in relation to your contact lens wear.

# CONTACT LENS EVALUTION : $55 for all types of contact lenses

-This is the minimum fee charged in addition to your yearly exam fee to renew a contact lens prescription from year to year; this fee covers additional tests the doctor performs with relation to your contact lenses. These tests may include examination and measurement of the cornea, assessment of the prescription and fit of your contacts, and discussions relating to wear and care of your contacts.

# CONTACT LENS REFITTING FEE : $70 - $110 includes:

# soft spherical lenses, multifocal, toric or gas permeable lenses

-This fee is charged in addition to the yearly exam fee and is for patients who already wear contact lenses but need or want to change to another type of contact lens. This fee covers the testing the doctor performs during the yearly exam plus any necessary additional visits for up to 90 days.

## NEW CONTACT LENS FITTING: $115 - $150 includes:

## soft spherical lenses, toric or gas permeable lenses, multifocal lenses, multifocal toric lenses

-This fee is charged in addition to your yearly exam fee for patients who have **not previously worn contacts**. This includes the doctor’s examination for contacts, up to three 1-hour training classes to teach proper insertion and removal of contacts, and follow up visits with the doctor up to 90 days after the initial exam.

**Generally, most insurance companies do not cover contact lens fitting fees and these services are non-refundable. Our doctors and staff would be happy to answer any questions you may have.**

I acknowledge that I have read and understand Juanita Vision Clinic’s policies about contact lenses, contact lens evaluation and the fees associated. I understand that I have a 90-day time period while trying out contact lenses to have my contact lens prescription finalized or to return to clinic for contact lens follow up appointments. I understand that all contact lens refit request/follow-ups after 90 days from the initial contact lens exam date are subject to additional fees.

Patient/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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