

Payment is due at the time services are rendered.

All professional fees and contact lens prices subject to change without notice.

X	Visit Type	Professional Fee	Includes
	Contact Lens Related Problem Visits	\$75	Problem focused examination
	Yearly Contact Lens Evaluation/Renewal	\$75*	Vision assessment Cornea check Free trial lenses if available (soft only) 1 Follow up visit if necessary Updated contact lens prescription (valid for 1 year)
	New Patient Soft Contact Lens	\$180*	Evaluation and consultation Free trial lenses if available (soft only) Training on lens insertion, removal, and care (new wearer)
	New Patient RGP (Rigid Gas Permeable)/ Hybrid	\$225*	Follow up visits (3 maximum) Refraction for glasses prescription Finalized contact lens prescription
	Prosthetic (Custom Colored Lens)	\$350*	Evaluation and consultation Training on lens insertion, removal, and care Follow up visits as necessary (during 90 day lens warranty)

*cost of contact lenses separate

Acceptable forms of payment: HSA/FSA benefit cards, credit, cash, check

PLEASE NOTE: None of the contact lens services replace a comprehensive eye examination; patients must continue care with their routine eye care provider.

I, _____, understand and agree to all policies outlined above.

Signed _____ Date _____

Revised: June 2019