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Contact Lens Agreement

The contact lens fitting and evaluation is an additional and separate service from a comprehensive eye examination. This service is necessary and required to ensure the proper fit of contact lenses and monitor health of eye structures related to contact lens wear. Insurance sometimes partially covers this cost, but if it does not it is the patient's responsibility.

The fitting and evaluation fee includes the initial visit and 3 follow-up visits directly related to contact lens wear and fit within a 60-day period. The fitting fee varies depending on the type of lenses worn. This fee cannot always be determined prior to the exam, so quoted prices are not guaranteed. The follow-up period begins when the initial contact lenses are dispensed.

Policies

- A contact lens fitting and evaluation must be performed on the same day, or within 60 days of a comprehensive eye examination.
- The patient is responsible for scheduling and attending follow-up visits as needed in order to finalize the contact lens prescription within 60 days of the initial fitting and evaluation. The contact lens prescription will not be released until it has been finalized by your doctor.
- Contact lens follow-up visits and other related services performed after the 60-day period are subject to additional charges.
- Charges for contact lens fitting and evaluation are due in full at the time of the exam.
- Most insurance plans do not cover the full cost of contact lens fitting and evaluation. Although Sunset Valley Eyecare will do everything possible to determine insurance benefits, it is ultimately the responsibility of the patient to know what their insurance.
- All fees for contact lens fitting and evaluation are non-refundable. In the event the patient chooses to discontinue contact lenses, no portion of the fee is refundable.
- Due to limited supply, additional trial contact lenses will not be given after the prescription has been finalized.
- By law, contact lens prescriptions expire after one year in the state of Texas.

I have read and understand the above policies. I agree to return for all contact lens follow-up visits in order to finalize the prescription in a timely manner. I understand that if I do not return for follow-up visits to finalize the prescription within 60 days of the initial fitting, the contact lens prescription will not be released and may result in additional fees. I understand that if I do not have a written contact lens prescription, the prescription has not been finalized.

Signature: _____ **Date:** _____