ASSOCIATES IN EYECARE, P.C.
DISEASES AND SURGERY OF THE EYE

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REFRACTION AND CONTACT LENS FEE SCHEDULE AND EXPLANATION

Refraction Fee: $65.00 ($50.00 if paid at the time of service)

One of the most important parts of your eye exam today is the refraction. That is the part of the exam by which we determine whether you can be helped in any way by a new glasses prescription. It is also how we determine the best possible visual and function of you eye, which is essential information for us to have as we assess your eyes and look for problems. It is NOT a covered service by Medicare an many other insurance plans. These plans consider a refraction a "vision" service, not a "medical" service. Our office fee for the refraction is $50.00 ($65.00 if it is billed to you), and unless your plan automatically covers the refraction charge, **this fee is due at the time of service**, in addition to any co-payment or deductible your plan may require. Should your plan pay us for the refraction, we will reimburse you accordingly.

Contact Lens Fitting and Evaluation (if applicable)

Contact lenses an alternative to glasses which often provide both functional and cosmetic advantages. They are, however, medical devices which can potentially cause eye problems if they are poorly fit or improperly care for. As a contact lens wearer, we provide your ongoing care to ensure the best possible visual results, safety, and patient satisfaction.

Contact lens fittings and subsequent regular evaluations are additional services and are not included in the cost of your eye exam. Medical insurance does not cover these contact lens related services, but some vision plans do pay for part of the contact fees. All contact lens related follow up appointments within 90 days are included, as are the trial lenses that are dispensed. **Contact lens prescriptions are valid for one year by state law.** Payment is required at the time your contacts are ordered.

Annual Contact Lens Fitting (new and established): $50.00
Refit (changing brands/type of lens): $60.00
New Fit/Insertion & Removal Class (Spherical Contacts): $100.00
New Fit/Insertion & Removal Class (Toric Contacts): $120.00
New Fit/Insertion & Removal Class (Multifocal Contacts): $130.00

I acknowledge that I am receiving a copy of my contact lens prescription.
I have read the above information and understand that the refraction is a non-covered service. I accept full financial responsibility for the cost of this service and understand it is due at the time of service. I also understand that any co-payment, co-insurance, or deductible I may have, are separate and not included in the refraction fee.

Patient Signature: _____ Date: _____