

PLEASE READ BEFORE YOU SIGN THIS FORM

For contact lens wearers ONLY:

Thank you for choosing **Vision Source of Mandeville**. We would like to inform you of our office policy regarding contact lens and the evaluations fees.

ANNUAL CONTACT LENS EXAM

By Louisiana law and The Fairness to Contact Lens Consumers Act (FCLCA) which passed in 2004 by congress, a contact lens prescription is valid for only one year. All patients are required to come in for an annual contact lens exam regardless if your prescription has changed or not. A contact lens is a medical device issued via prescription; therefore, it must be monitored to maintain the health of your eyes. This is necessary to assure that the patient's eyes are healthy enough to continue wearing and the contact lenses are still fitting well. Contact lens prescriptions cannot be renewed without an annual exam.

Contact lens exams have a separate evaluation fee that is not included in the price of your exam.

CONTACT LENS EVALUATION

Contact lens exams and evaluations have different levels of difficulty; this depends on the types of contact lenses needed, the visual requirements of the patient and the health of the patient's eyes. The goal of a fitting is to find the most appropriate contact lens for each patient's optimal vision, ocular health and comfort. There are a large variety of types, materials, sizes and colors offered. We are committed to taking the time and effort to fit your contacts properly. Every patient being fit into contacts must go through the evaluation process. We will not finalize and release the contact lens prescription until both the patient and the doctor are satisfied with the fit and visual acuity of the contact lens.

Evaluation fee: \$150

Please be aware that most insurance plans do not cover contact lens evaluations, some plans offer a discount or limited coverage that may cover part of the fees.

I understand that my prescription is good for a **maximum of 12 months**. After that, a full exam with evaluation will be required to receive another supply of contacts.

I understand that there will be an evaluation fee due **every year** at the time of service regardless of if my prescription changes or not.

Patient or Guardian's Signature

Date

