



NORTHSIDE VISION

## CONTACT LENS AGREEMENT

Northside Vision provides a broad range of contact lens services and products which includes everything from single use daily disposable lenses to specialty lenses for myopia control and corneal refractive therapy.

Since contact lenses are prescription medical devices which are worn directly on the front surface of your eyes, those who wish to wear contact lenses require additional services specific to contact lens wear – services in addition to a routine vision exam.

The time-of-service cash fee for most contact lens evaluations is **\$98** for establish patients for whom we are not making any changes to lens power or design; or **\$175** for patients who are new to our practice, or for patients who require a change to lens power or design, or for patients we are fitting with contacts for the first time. For more advanced services such as myopia control programs, corneal refractive therapy, or keratoconus, the fees are higher and will be discussed with you in detail prior to starting a program.

- Payment of the evaluation fee is due at the time-of-service unless we are to bill your insurance for these services. You are responsible for fees not covered by your insurance.
- Your evaluation fee covers your initial evaluation today and any doctor recommended contact lens progress visits for up to 60 days following your initial evaluation.
- We are happy to provide a written copy of your contact lens prescription when: (a) your final contact lens prescription has been determined by the doctor; (b) you do not have an eye health problem that makes contact lens wear inadvisable; and (c) all financial obligations to Northside Vision have been paid.
- We require half down to order an annual supply contact lens and the contact lens supply must be paid in full before they are dispensed.

Indicate below whether you would like contact lens services today, and please sign:

**YES:** I would like contact lens services today and **will pay for these services today.**

**YES:** I would like contact lens services today. However, **please bill to my insurance.**  
I understand that I am responsible for all charges not covered by my policy.

**NO:** I do not wish to receive contact lens services today.  
*For current contact lens wearers, this means no changes or Rx renewals will be made.*

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Date