ACUITY eye center

IMPORTANT NOTICE FOR NEW AND ESTABLISHED CONTACT LENS WEARERS

I hereby acknowledge that my insurance will only cover EITHER glasses or contacts. They do not cover both (unless otherwise noted). I understand that contacts are considered a cosmetic device and therefore not covered in my routine eye health evaluation. There will be an additional charge for the contact lens fit and evaluation that is given by the doctor.

I give my consent for the doctor to determine to the best of her knowledge and expertise the type of contact lens that is best for my eyes. I understand that due to various factors, the type of lens that will give me the best vision may change, and that the type of lens that I am wearing or have previously worn may not be the best option for my visual needs today. Only the doctor can determine the type of corrective lens that I should be wearing, and this can only be determined in the exam room.

I am aware that the fees for the contact lens evaluation/fitting are non-refundable and are paid when services are rendered.

Contact Lens Types/Fees in addition to your Comprehensive Routine Eye Exam

Soft Spherical/Colors	$60	Multifocal	$150
Gas Permeable, Monovision	$105	Medically Necessary/Post Surgical	$200
Toric	$120	All Hybrid Fittings	$150

I have reviewed the above fees and authorize Dr. Betsko to evaluate my eyes for contact lenses this year. I understand that all follow up care must be completed within 60 days of my original evaluation or there may be a fee of $20.00 charged per office visit thereafter.

Print Patient Name : _____

Patient or Guardian Signature : _____ Date : _____