

We would like to thank you for considering a contact lens evaluation with the doctors of Simmons Eye Care. We would like to inform you based on a Federal law your contact lens must be evaluated by a doctor on a yearly basis in order to refill your contact lens prescription. If you have any questions please do not hesitate to ask.

Contact lens patients require additional testing and monitoring beyond what is done during a routine eye exam. Contact lenses are medical devices which could possibly be associated with health risks that must be taken seriously.

During a contact lens evaluation the doctor will carefully evaluate the patient’s current and past ocular health to assess the correct fit and determine the correct contact lens prescription power, which is different from a glasses prescription.

If needed, the doctor will determine a diagnostic contact lens to dispense for the trial period. The new contact lens will help the patient decide if they like the comfort, vision, and wearing schedule for the lens. At the follow up visit, the doctor will make the necessary changes to improve the quality of fit or clarity of vision. When the fit, vision and comfort of the lens are acceptable and ocular health is maintained, a final prescription will then be determined.

Evaluation fees are determined by the complexity of the fitting done by the doctor. A more complex fitting, such as a new patient or first time contact lens wearer, requires more time with the doctor as well as potentially more follow-up appointments to determine the appropriate prescription. We also have to take in to consideration the time taken by the staff teaching the patient insertion and removal techniques as well as how to properly care for the contact lenses.

First time contact Lens Fitting:

- Spherical/Toric Contact \$60
- Multifocal Contact \$75
- Refitting: New patients OR switching to new lense \$48-\$128
- Renewal of Contacts same power/same modality \$39

Notice: The fee covers trial lenses for up to 3 months following initial contact fit. This does not include care for contact lens induced red eyes or other medical condition. If patient has to return after the initial 3 month period an additional evaluation fee may be charged.

Signature of patient or legal guardian

Date

Routine Vision Plans vs. Medical Insurance

Simmons Eye Care

11115 Hermitage Road

Little Rock, AR 72211

Many of our patients have both a routine vision plan and a medical insurance plan. They are very different in terms of the service they cover; we want you to understand those differences.

Routine vision plans will not cover exams when the patient has a medical diagnosis or eye complaint. These plans are designed to determine a prescription for glasses or contacts and for your routine eye exam. It is not medical insurance; therefore it is not designed to deal with medical conditions and or diseases.

When a medical condition or diagnosis is present, such as diabetes, cataracts, glaucoma, infections etc, it is necessary to file the claim for your visit with your major medical insurance. Your copay and deductible would apply. In addition some components of medical exams may not be covered by your insurance. Most insurance companies consider refraction a non-covered service. Refraction is the test used to determine the prescription of your eyeglasses or contacts. You are responsible for payment of the refraction or other services that are not covered by your insurance.

These rules are defined by the insurance companies, not our office. Often we will not know which type of exam you require until we start our testing. In the event that we do not take your major medical insurance or vision plan we will provide you with an itemized receipt so that you may file with your insurance for reimbursement. By signing below you state that you have read and understand the above paragraphs and authorize Simmons Eye Care to file a claim with your insurance. In addition, since eye exams are a service, NO refunds are available.

All fees including insurance copays, deductibles, contact lens fitting fees, and charges for non-covered services are due at the time of your exam.

Print Name _____ **Date** _____

Signature _____