**The New Jersey Eye Center**

1 N. Washington Avenue, Bergenfield, NJ 07621

Tel. (201) 384-7333 Fax (201) 385-3881

PATIENT NAME: ACCOUNT #:

**CONTACT LENS POLICY FORM**

Contact lenses are medical devices that can only be dispensed by a prescription. Contact lens prescriptions expire after one year (or sooner if the doctor determines a medical reason for a shorter expiration date). They must be regarded with the same caution you would use for prescription drugs, which include prescription expiration dates and follow-up visits with your eye doctor. Your contact lens prescription will include the power of your contact lenses, the type of contact lenses you wear, the shape of the contact lenses (curvature) and any other information determined by the doctor to be necessary for a proper contact lens fit. Your eyes go through gradual changes in size, shape and physiological requirements (such as oxygen) while wearing contact lenses. These changes can affect the health of the cornea and need to be monitored at least every year. The federal government requires contact lens prescriptions to expire after one year for these reasons.

An annual eye examination may include a glasses prescription. The contact lens fitting, can be added in to your annual exam appointment if specified. At which time a contact lens prescription would be included. While the surface of the eye is evaluated in the routine eye examination for its medical health a contact lens fitting is far more extensive. In a contact lens fitting not only do we evaluate the eyes ability to withstand having the contact in it, we also have to evaluate and measure every curve of your eye to find a custom prescription. Patients wearing contact lenses for the first time require an extra time with the Doctor and/or our staff, to teach the patient insertion and removal techniques for the contact lenses, as well as care of the contacts. Training is usually not necessary with previous wearers. A contact lens check up must be performed annually for renewal of a contact lens prescription.

The fees are determined by the complexity of the fit, a more complex fitting requires more time with the Doctor, as well as potentially more follow-up appointments to determine the appropriate prescription.

|  |  |
| --- | --- |
| **New Patient (or have not been seen in 3yrs)** | **Established Patient** |
| Basic Contact Lens Evaluation | $125.00 | Basic Contact Lens Evaluation | $65.00 |
| Complex Contact Lens Evaluation (astigmatism/multifocal contacts) | $150.00 | (includes refraction but does not include diagnostic testing) | $75.00 |
| Specialty Contact Lens Evaluation (RGP/therapeutic contacts) | $250.00 | Specialty Contact Lens Evaluation (RGP/therapeutic contacts) | $125.00 |
| Keratoconus Contact Lens Evaluation | $250.00 | Keratoconus Contact Lens Evaluation | $125.00 |

**TODAY’S FEE:**

**\*Fee IncludeS: FITTING OF CONTACT LENSES, COMPLEMENTARY PAIR OF TRIAL CONTACT LENSES, THERE IS UP TO THREE TRAINING SESSION ON INSERTION & REMOVAL OF CONTACT LENSES (WHEN REQUIRED), UP TO ONE MONTH OF FOLLOW UP CARE, THE PRESCRIPTION IS ONLY VALID FOR ONE YEAR FROM THE TIME OF THE INITIAL EXAM.**

PATIENT/GUARDIAN SIGNATURE: DATE: / /

|  |
| --- |
|  |

|  |
| --- |
|  |

 APPROVED DENIED

TECHNICIAN NAME: DATE: / /