

Contact Lens Policy

Dear Patient,

Valley Vision Associates provides the latest contact lens materials and designs for patients. Our staff will discuss your particular vision needs with you and determine the best contact lenses for you. We look forward to helping you with your contact lenses!

- Step 1: Comprehensive Eye Examination New Patient: **\$209.00**
Established Patient: **\$167.00**

Evaluation of ocular health prior to contact lens evaluation.

Self pay customers are eligible for a 20% time of service discount if paid in full.

- Step 2: First time wearer Training **\$75.00**

A one hour session for Insertion and Removal training is required for the first-time wearer.

We want to be sure you are able to place and remove the lenses safely; we will also discuss cleaning, disinfection, and safe wearing schedules. We want you to be successful, so this fee covers visits related to the fitting of these contact lenses for one year.

- Step 3: Contact Lens Evaluation \$20.00-\$150.00

Before issuing a contact lens prescription, an evaluation of the contact lenses is required by law to insure ocular health, comfort and maximum visual clarity. For first time wearers this will require multiple visits, while current wearers with little adjustments may be provided with a final prescription at the time of the examination.

Estimated fees vary depending on the complexity of your needs:

- **\$20.00** Evaluation and renewal of current prescription
- **\$35.00** Change of lens material, power, or brand
- **\$55.00** Refit or fitting of a toric lens or monovision system, refit of a rigid gas permeable lens (all parameters known)
- **\$75.00** Refit or fitting of a multifocal or fitting of rigid gas permeable lens
- **\$150.00** Medically indicated contact lens (ex. keratoconus)

Deposit requested on orders. When ordering contact lenses, payment is due in full at the time of pickup.

I have read and I understand the above contact lens policy. I am aware that these charges are subject to change.

Patient Signature _____ Date _____

_____ Copy given to patient

_____ Estimate price per box of contact lenses