## Image Eye Care Contact Lens Policy

Contact lenses are medical devices, regulated by the FDA. This means that the Doctor has to evaluate the health of your eyes and the fit of your contacts every year in order to determine the optimum prescription and fit of contacts for your eyes.

Contact lens examinations and valid prescriptions are required on a yearly basis to order contacts.

The following fees include the initial fitting and all subsequent follow-ups needed to reach the finalized contact lens prescription.

Spherical CL fit (no astigmatism correction)	\$80
Toric CL fit (for astigmatism correction)	\$100
High Toric/Mono Toric CL fit (for higher than average astigmatism)	\$120
Monovision CL fit (one eye corrected for distance, the other near)	\$100
Multifocal CL fit (for presbyopia correction)	\$130
Multifocal Toric CL fit (for presbyopia & astigmatism correction)	_\$160
Gas Permeable CL fit (hard contact lenses)	\$200
Keratoconus/Scleral CL fit	_\$400
Training fee (for new contact lens wearers)	_\$30-\$45
Please be sure to keep your contact lens follow-up appointments. Failure to do so within a <b>60 day</b> period will result in a Contact Lens Refitting Fee.  Purchase Policy for Contact Lens Boxes: Only boxes that are unopened and in resellable condition, as required by the manufacturer, can be exchanged within <b>60 days</b> of original purchase date. There are no refunds.	
of original purchase date. There are no relations.	
Contact Lens purchases must be picked up within <b>90 days</b> . After the <b>90 days</b> , they will be returned to the manufacturer and payments will <b>NOT be refunded</b> . Any insurance benefits billed will also be forfeited.	
Please sign if you agree to the terms and conditions above.	
Signature: Da	te:
Print Patient Name:	
(If the patient is a minor, the parent or guardian must sign.)	