



CONTACT LENS POLICY

Contact lenses are an “Undetermined” benefit by most insurance companies. This means that depending on your insurance company and your specific policy, the fees for the fitting, evaluation and materials *May Not Be Covered*, even if there is a medical condition. If your insurance company determines this is a covered benefit and payment is received from your insurance company, Goldsmith Eye Care will refund those fees to you, providing your account is in good standing.

Goldsmith Eye Care Requires:

- The contact lens fitting/re-evaluation charge is due on the date of service
- Payment is due at the time of ordering contact lenses
- For your convenience, we can mail your contact lenses directly to you with a shipping fee of \$11.00. (In most cases the shipping fee can be waived when a year supply is purchased in a single transaction)

Return Policy for Contact Lenses:

If there is a problem with your contact lenses purchased from Goldsmith Eye Care, they must be returned within 60 days to receive credit or an exchange. OPEN or MARKED boxes WILL NOT be returned or exchanged for any reason.

A Complete Eye Exam is Required within the last year before a contact lens prescription can be given or any new contact lenses can be ordered. This exam consists of collecting medical and ocular health history and a series of tests to determine the health of your eyes. The doctor will test your eyes together and individually to check for underlying conditions that may prevent contact lens wear. This may include, but is not limited to: General Vision, Peripheral Vision, Depth Perception, Pupil and Muscle Actions, Pressure Check/Glaucoma Testing, Slit Lamp Examination of the Anterior portion of the eye and a Retinal Evaluation (done commonly after dilation).

A Refraction is also Required to determine a contact lens prescription. Per billing guidelines, this is a separate charge and may or may not be covered by insurance.

Upon the completion of the Complete Eye Exam and Refraction the doctor will have enough information to write your glasses prescription, but not quite enough information for your contact lens prescription.

A Contact Lens Fitting/Evaluation is an additional service following a Complete Eye Exam and Refraction (A fitting does not need to be performed on the same day as the Complete Eye Exam) There is an enormous variety of contact lens types, materials, sizes and colors offered. Eyes come in all shapes and sizes which makes a “fitting” necessary to make sure your contact lenses fit your eyes properly. Special measurements checking eye curvature will insure appropriate fit and movement of your contact lenses. We will provide one set of trial lenses. Current contact lens wearers need an evaluation before a contact lens prescription can be renewed. The evaluation is necessary to evaluate eye health and proper care and fit of the contact lenses they are currently wearing. All New and Current contact lens wearers will have an evaluation fee, not included in the Complete Eye Exam charges, due to the extra time, effort and liability we incur in order to fit you in contact lenses.

Contact Lens Training must be completed by all first-time contact lens wearers along with patients who are changing brands/required wear time. A Contact Lens Technician will provide personalized instruction on safe care and handling of your new contacts verbally and written to reference later. Following the completion of successful insertion and removal, the patient may begin wearing the contact lenses and we will schedule a follow up visit for 1-2 weeks.

Goldsmith Eye Care is committed to taking the time and effort to fit your contact lenses properly. Although some patients require only one fit session, sometimes the process requires multiple appointments. Follow up visits up to 90 days after initial fit are included to ensure proper use and fit. Goldsmith Eye Care will not finalize the contact lens prescription until both the patient and the doctor are satisfied with the visual acuity and fit of the contact lenses.

CONTACT LENS EVALUATION FEES:

| | | | |
|---------|---------|----------|-------------------|
| Tier I | Tier II | Tier III | Tier IV |
| \$40.00 | \$60.00 | \$80.00 | Starting at \$100 |

I HAVE READ AND AGREE TO PAYMENT ACCORDING TO THIS POLICY:

Patient Signature: _____ Date: _____