

CONTACT LENS FITTING AGREEMENT / DISCLOSURE

THIS FORM NEEDS TO BE READ IF YOU ARE A CONTACT LENS WEARER OR ARE INTERESTED IN WEARING CONTACT LENSES.

A contact lens fitting is a separate part of a comprehensive eye examination and requires additional testing that may not be a covered benefit of your insurance. The fee is determined by the type of lenses that are deemed appropriate for you and your vision needs.

The fitting includes:

- Evaluating the cornea, eyelids, and conjunctiva and how contact lenses will affect the health of the eye.
- Determining the proper curvature and prescription which is different and separate from glasses.
- Trial contact lenses (not including RGP, hard, or specialty lenses).
- Education in handling, care, and maintenance of the contact lenses.
- Follow-up visits for 3 months after the initial fitting, as many as may be necessary.

We will try our very best to fit you into the best lenses appropriate for your visual needs, desires, and lifestyle. But due to many variables, there is no guarantee that you will be successful with wearing contact lenses. Therefore, the contact lens fee is non-refundable.

No contact lenses will be prescribed until the doctor feels that the lenses are appropriate for you regarding fit, vision, comfort, and the future health of your eyes. Therefore, it is very important that you follow all directions regarding the care and wear of your lenses, and return as needed for all scheduled progress evaluations. Regular inspection is important to evaluate the eyes' tolerance to any and all contact lenses.

As with any drug or device, the use of contact lenses is not without risk. Though not common, a very small percentage of individuals have developed serious complications which can lead to permanent eye damage. If you have any unexplained eye pain or redness, watering of the eye or discharge, cloudy or foggy vision, a decrease in vision, or an increased sensitivity to light, remove your contact lenses immediately and make arrangements to see us before wearing your contact lenses again.

After the initial 3 month fitting period, any office visits related to contact lens prescription concerns or other contact lens related issues, an additional office visit fee will be charged. Contact lens prescriptions expire 1 year from the date the lenses were prescribed, and by law, the doctor has to re-evaluate them before writing a new prescription, even when the type of lens you are wearing does not change.

Please read and sign this important information

WELLNESS TESTING PACKAGE

Twelve Bridges Vision Care takes pride in offering advanced eye care technology and our market research tells us that patients want technology that helps safeguard their eye health. During your comprehensive exam, we will be performing both **Digital Retinal Imaging** and **Retinal Photography**. The most destructive eye diseases - such as macular degeneration, glaucoma, and diabetic retinopathy begin in the deepest layers of the retina. This newest technology provides us with a digital retinal fingerprint and serves as a baseline for eye-health comparisons on future visits. It's the gold standard for preventative care and disease management. Typically, insurance plans **do not cover the \$45 fee**. (The fee is discounted to \$30 if two or more members of the same family do the testing on the **same day**). Our doctors *strongly* recommend that all patients have this test done *annually*. If you are concerned about this, feel free to discuss it further with the staff or with the doctor during the exam.

I agree to pay \$45 for these two *very* important imaging tests. Yes _____ I would like to discuss further _____

PRIVACY POLICY STATEMENT

I acknowledge that I have been offered and/or received a copy of the Privacy Policy from Twelve Bridges Vision Care (TBVC), which provides a more complete description of information uses and disclosures of my medical records. In the course of providing service to you, we create, receive, and store health information that identifies you. It is often necessary to use and disclose this health information in order to treat you, to obtain payment for services, and to conduct health care operations involving our office.

(Pt Initial) _____

FINANCIAL DISCLAIMER

Copayments are due at time of service. Billing of insurance is a service we provide for your benefit. We will make every effort, on your behalf, to collect payment from your insurance company. We will attempt to verify your plan eligibility for services and/or materials before your appointment. **Verification of eligibility is done as a courtesy and is not a guarantee of payment.** I understand that account balances and copayments are due at time of service. If I have medical insurance or routine vision benefits, I authorize my plan carrier to pay TBVC directly. **If my plan carrier does not pay, or partially pays, I understand I am responsible for payment in full for the remaining balance.** My initial is verification that I understand this agreement.

(Pt Initial) _____

REFRACTION FEE

The part of your evaluation that determines your prescription for glasses and/or contact lenses, is called a refraction. A refraction is also done under certain circumstances for diagnostic purposes. If you have routine vision benefits, your refraction is typically included with your exam benefits. **Medical insurances, such as Medicare, typically do not cover a refraction.** The fee for a refraction is \$56.

(Pt Initial) _____

MEDICARE PATIENTS ONLY

Medicare pays 80% of the allowed fee and the other 20% is the responsibility of you and your Medicare Supplement insurance. Medicare patients are also responsible for the annual Medicare deductible and all non-covered services. The law requires that we bill you for any applicable deductible and the 20% patient responsibility portion.

(Pt Initial) _____

CONTACT LENS PATIENTS ONLY

I have been provided a copy of the Contact Lens Fitting Agreement / Disclosure, and have read and understood this document.

(Pt Initial) _____

