

**CONTACT LENS SERVICES
EYE CARE ASSOCIATES OF NJ**

PATIENT NAME: _____ (office use) Y N _____

In order to ensure that the fit and your vision with contact lenses are optimal and that there are not problems developing with your eyes as a result of contact lens wear, we require an annual contact lens evaluation.

A contact lens evaluation determines if your current contact lenses are the proper lenses for your eyes. **The annual fee is \$25.00 and is separate from any copay or refraction fee.**

New Wearers: (new and current patients)

Patients interested in wearing contact lenses must schedule a separate appointment for training (insertion and removal techniques and proper lens care). Follow-up contact lens check appointments are required and are covered for **90 days** (complicated fits are covered for 6 months). All appointments are with Dr. Carniglia, ECA's optometrist.

Existing Wearers: (current patients)

If your current contact lens brand has been discontinued or the fit of your lens is not adequate, you will need a contact lens refit exam in order to receive a prescription for contact lenses today. **If this is done today, an additional fee will be collected.**

Existing Wearers: (new patients)

In order to receive a contact lens prescription, you must have the boxes and / or previous written prescription. The doctor needs to examine your eyes with the lenses in place. If you do not have that information and the lenses, you will need to schedule a contact lens refit exam separately from the visit today. **If this is done today, an additional fee will be collected.**

Contact lens prescriptions are valid for one year. Contact lens supply is a separate charge. This office only provides trial lenses for fits and refits only.

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FEES FOR FITS / REFITS (OFFICE USE ONLY)

Payment is required at the time the appointments are scheduled. Fees are non-refundable.

	TYPE OF FIT / REFIT	COST	MINIMUM # OF VISITS/TIME REQUIRED
	STANDARD FIT	\$225	2 VISITS / FIRST VISIT 1 HOUR
	STANDARD REFIT	\$75	1-2 VISITS
	TORIC FIT	\$250	2-3 VISITS / FIRST VISIT 1 HOUR
	TORIC REFIT	\$100	1-2 VISITS
	MULTIFOCAL FIT	\$300	3 VISITS / FIRST VISIT 1 HOUR
	MULTIFOCAL REFIT	\$175	2 VISITS
	MONOVISION FIT	\$275	2 VISITS / FIRST VISIT 1 HOUR
	MONOVISION REFIT	\$150	1-2 VISITS
	MONOVISION TORIC FIT	\$300	3 VISITS / FIRST VISIT 1 HOUR
	MONOVISION TORIC REFIT	\$175	2 VISITS
	GP FIT	\$325	2 VISITS/ FIRST VISIT 1 HOUR
	GP REFIT	\$150	2 VISITS / FIRST VISIT 45 MINUTES
	GP MULTIFOCAL FIT	\$500	3 VISITS / FIRST VISIT 1 HOUR
	GP MF REFIT	\$250	3 VISITS / FIRST VISIT 1 HOUR
	COMPLICATED FIT (ULTRA)	\$500	4 VISITS / FIRST VISIT 1 HOUR
	SYNERGY LENS FIT DUETTE	\$400	4 VISITS / FIRST VISIT 1 HOUR 15 MINS
	SYNERGY LENS MULTIFOCAL FIT	\$500	4 VISITS / FIRST VISIT 1 HOUR 15 MINS

PRICES ABOVE DO NOT INCLUDE THE COST OF LENSES

Patient's Signature: _____ **Date:** _____

OFFICE USE ONLY:

_____ Refused to pay for CL evaluation. Advised of waiver. _____

Date of last manifest refraction (valid within 6 months): _____

Demonstrated I&R yes no Complicated Fits given separate policy yes no

Advised of time to order Toric/special lenses yes no n/a

Advised that patient must view training video prior to appointment or patient will be rescheduled. _____ Training video emailed to the patient by _____

APPOINTMENT DATE/TIME FIT/REFIT

APPOINTMENT DATE/TIME FOLLOW UP

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Form uploaded and sent to contacts for review yes no initials _____