

JAMES DEVLEMING, OD

## **Contact Lens Fitting Fee Policy**

When caring for our contact lens patients at Pullman Vision Source, we begin with a complete vision and eye health examination, followed by a comprehensive contact lens fitting evaluation.

Contact lenses fall under the category of medical devices—even if worn for cosmetic reasons only—and are regulated by the Food and Drug Administration. Washington law requires that patients go through a contact lens fitting performed by a licensed eye doctor. During our fitting process, Dr. DeVleming will evaluate case history, examine the overall health of the ocular surface, determine the correct type of lenses for the specific patient, examine the physical relationship of the lens to the ocular surface and ascertain a proper fit. This evaluation ensures that Dr. DeVleming can safely enhance the patient's contact lens experience by improving health, comfort, vision, and convenience of wear. Due to these factors and the additional chair time necessary to complete them, a fitting fee is issued for our contact lens patients that is separate from the fee for the comprehensive exam.

The fitting fee is based on the expected amount of time and service required as determined by the above factors and ranges from \$24 to \$200. This fee can only be determined after completing the exam and after the patient's needs have been discussed. Dr. DeVleming can further discuss the full range of fees prior to beginning the examination should patients have any additional questions.

The determined fee covers the primary contact lens fitting and related follow-up visits to finalize the RX within 60 days of the initial examination. Should follow-up contact lens care be needed beyond the initial 60-day period, patients will be billed another fitting fee for necessary services. The cost of contact lenses is not included in the fee, nor are non-contact lens-related medical visits within the 60-day period. The patient is responsible for keeping all follow-up appointments to finalize his or her prescription.

Contact lenses will only be dispensed to patients with a valid prescription that has not surpassed its expiration date. To refill an expired prescription, a new comprehensive exam with a contact lens evaluation is required. After contact lenses have been dispensed to a patient, they can only be exchanged if the boxes have been unopened and remain in the same condition as when dispensed. Due to the patient-specific nature of contact lenses, returns are not accepted.

Contact lens fitting fees are non-refundable and due at time of service. Many insurance companies do not cover the fitting fee as they view contact lenses as elective vision correction.

A written copy of the contact lens prescription can be released to the patient in accordance with federal requirements. Lenses purchased from other sources or suppliers will not fall under our warranty for defects. It is the patient's responsibility to ensure that all lenses purchased from another supplier meet the exact specifications (brand of lens, lens powers, base curve, and diameter) prescribed by our office.

By signing below, you acknowledge that you have read, understand and agree with the contact lens policy.

Patient Name (print) \_\_\_\_\_

Signature of Patient \_\_\_\_\_

Date \_\_\_\_\_

If signed by a patient representative, state relationship to patient: \_\_\_\_\_