



Eye Physicians of the East Bay
Medical Corporation

CONTACT LENS POLICY

Updated June 2024

Thank you for choosing eye Physicians of the East Bay to fulfill your contact lens related eye care needs. As a contact lens wearer, you are in a unique subset of patients that require supplemental, customized care. Contact lenses are a **medical device** and present a risk to the health of your eyes. With proper care by you and your doctor, however, you will enjoy all the benefits of the clear, comfortable vision achievable with contacts.

It is important for you to understand that contact lens related services are not included in a routine comprehensive eye examination. In order to accurately and safely prescribe contact lenses, you will need additional examinations and services that will include:

- **Contact lens exam:** Includes full assessment necessary to find the most appropriate contact lens for your optimal comfort, vision and ocular health. Fees * vary depending on the type of contact lenses you need:

New Patient Fitting Fees		Established Patient Fitting Fees	
Sphere	\$155	Sphere	\$100
Toric (for astigmatism)	\$210	Toric (for astigmatism)	\$155
Multifocal or Monovision (for distance and near vision correction)	\$220	Multifocal or Monovision (for distance and near vision correction)	\$165
Multifocal Toric (for astigmatism)	\$270	Multifocal Toric (for astigmatism)	\$215
Specialty (for medical conditions such as keratoconus, etc.)	\$320	Specialty (for medical conditions such as keratoconus, etc.)	\$265

* VSP members receive 15% off contact lens fitting exam services

- **Follow-up services:** We are committed to taking the time and making the effort to fit you properly. Modification of lens fit or prescription may be required over a series of visits. All visits are covered by the above fitting fee for up to **three months** from the initial visit. Additional fees may apply should further visits be required to achieve a successful fit.
- **Contact lens materials:** Contact lenses can be ordered at any time after the fitting process is complete. For your safety, we are not able to refill prescriptions more than **one year old** without another contact lens evaluation. Free shipping is available on most contact lens brands with the purchase of an annual supply.

The Contact Lens Prescription

Contact lenses are a medical device; they are tightly controlled by the FDA. Contact lens prescriptions expire **one year** after the prescription is finalized and require annual checkups with your eye doctor. Each year, your eye doctor will ensure that your lenses are having no adverse effects on your eye health as well as offering you optimal vision and comfort. In compliance with California law, we release contact lens prescriptions only after the fit is deemed successful by the doctor. You will be informed of a wearing schedule and cleaning method that is most appropriate for you.

Annual Contact Lens Visits

Maintaining successful contact lens wear calls for annual visits to re-evaluate the prescription, fit and condition of your lenses. This contact lens evaluation would be in addition to your annual routine comprehensive eye examination. Please wear your contact lenses and bring your contact lens packaging labels to this annual visit.

Insurance

If you have vision insurance, you may have benefits toward the fitting and purchase of contact lenses. The contact lens evaluation fee may or may not be covered under your vision plan. You are responsible for any charges not covered by your insurance.

Refunds/Payment

Contact lens evaluation fees are non-refundable. The contact lens evaluation fee is to be paid on the day of fitting. Lenses are to be paid for when an order is placed. ** Your contact lenses must be picked up within thirty (30) days of notification **

If a purchased product is found unsatisfactory within 30 days of receipt, **unopened boxes** and **sealed contact lens vials** can be returned for a full refund excluding any shipping and handling charges. Rigid gas permeable contacts have a 90-day warranty and may be returned or exchanged within this time period. Please note that if the RGP lens breaks during the fitting process, in order to exchange or return the lens, you must at least save the pieces.

Please inform your eye doctor immediately if you experience any symptoms such as unusual redness, irritation or blurred vision when wearing your contacts. Please realize that failure to do so may result in injury to your eye health.

- I have read, understood and agreed to the above. I will comply with the doctor's prescribed visits and instructions and agree to be responsible for all fees not covered by my insurance.
- Your signature below will also acknowledge that you were provided a copy of your contact lens prescription at the completion of your contact lens fitting. If you are being fitted into a new lens, a copy of your contact lens prescription will be provided once the prescription is finalized.

Patient or guardian's signature if patient is under 18

Date

Print name