

Dr. Stephen Chinn OD
2811 University Ave. Suite C
San Diego, CA 92104

CONTACT LENS FITTING FEES

We want to thank you for choosing Dr. Stephen Chinn for your contact lens fitting and contact lens exam services. We want you to understand what is involved with a contact lens fitting. If you have any questions, please do not hesitate to ask.

On the day of your examination an optician will instruct you on insertion and removal of the contact lenses (if needed) and give you instruction on contact lens care regimens. After receiving these instructions, you will wear the lenses for one to two weeks, which is the “trial” period, and return for a follow-up examination to evaluate the fit and prescription. If you are a previous wearer and no changes have been made to your contact lens prescription or contact lens brand/type, the fitting fee is still required; but you are not required to return back for contact lens related follow up visits. Contact lenses are medical devices that are worn on the eye and are required by law that patients’ return yearly to renew your contact lens prescription so that the doctor can assess the health of your eyes.

Below are the categories of the Fitting Fees. Your fees will be determined by the physician and are **due at the time of the fitting** and are **non-refundable**. If you decide to “up-grade” to a different category (i.e. monovision to bifocals) after the initial visit, additional fees will be added. Contact lens fitting fees do not include the price of contact lenses.

NOTICE: Fitting fees cover up to 90 days of follow-up care. Follow-up care is vital to determine your fit of the lens to protect the health of your eyes. **If you elect to forgo the follow-up care and return beyond the initial 90 days period, you will be responsible for a contact lens refit fee. If your contact lens prescription is finalized and you are experiencing difficulties with the contact lens, there will be a 15% restocking fee for opened-box contact lenses that needs to be exchanged.** You must have follow-up care in order to purchase contact lenses, unless otherwise authorized by the doctor. **CONTACT LENS FITTING FEES WILL NOT BE REFUNDED OR CREDITED.** _____ (initial)

Fairness to Contact Lens Consumer Act: This act went into effect February 4, 2004. As stated by this Act, you are entitled to a copy of your contact lens prescription once the prescription is finalized by the examining doctor. Receiving a trial lens **IS NOT** a finalized prescription. A finalized prescription is determined at the follow-up appointment after you have been wearing the trial lenses. **Contact lens prescriptions are valid for one year, per California State Law.**

I have read and understand the above information and agree to the terms set forth in this agreement. I also acknowledge that I have had all my questions answered.

Signature of patient or legal guardian

Date

OVER PLEASE 

If interested in contact lenses, please complete the following:

Have you ever tried contact lenses? Yes No

What brand? _____

Solutions used _____

Are you satisfied with the vision and comfort of your contact lenses? Yes No

Would you prefer clear contact lenses or colored contact lenses? Clear Colored

*The Contact Lens Evaluation is not covered by certain insurances. It is required by the Federal and State Law for you to have an updated prescription every 12 months. Please indicate your preferred contact lens:

- Spherical Soft Lens
- Monovision Contact Lens
- Silicone Hydrogel Lens
- Rigid Gas Permeable
- Bifocal Lens
- Toric Contact Lens
- High Astigmatism (≥ -2.75) Toric Lens
- Specialty Lens (combination of any of the above \$150-\$350)

The evaluation fees DO NOT include the cost of the annual supply of contact lenses. Except where noted, the fees include the trial lenses, your contact lens-related follow up visits for 90 days, and a contact lens solution starter kit.

You have 90 days of contact lens-related follow-up visits included in the contact lens evaluation fee to come back and have the doctor check the contacts if you are having any problems at all. For any visits following the 90 days evaluation there will be a refit charge. The prescription expires in **ONE YEAR**, after which you will be unable to order or receive any contact lenses. It is very important to schedule your annual examination prior to your prescription expiring, in order for the doctor to assess the health of your eyes. I have read and understand the above fees: **Sign:** _____ **Date:** _____

(Patient/Guardian)

Contact Lens Information

The Contact Lens Evaluation is an additional service that is usually not covered by your insurance carrier. Our Contact Lens Evaluation Fees are as follows:

Spherical Soft Lens Evaluation- \$80

This lens is suitable for patients who currently wear single vision glasses and have minimal or no astigmatism. The fitting for colored contact lenses with no astigmatism is included in this fee.

Monovision Contact Lens Evaluation- \$80-\$125

For patients with bifocals, monovision (one distance lens/one near lens) is the recommended modality when choosing a spherical lens.

Silicone Hydrogel Lens Evaluation- \$90-95

This lens is for patients who have minimal or no astigmatism, and are interested in sleeping with their contact lenses.

Rigid Gas Permeable Lens Evaluation- \$150-\$350

This lens is for patients who are interested in wearing single vision (distance or near) hard lenses. These lenses are conventional lenses that last for one year. Therefore, this fee does not include trial lenses.

Bifocal Lens Evaluation- \$125-\$300

This lens is for patients who wear two prescriptions (one for distance and one for near), and are interested in achieving both distance and near vision with one lens.

Toric Contact Lens Evaluation- \$105-\$150

This lens is suitable for patients who wear single vision glasses and have a moderate or high amount of astigmatism (cylinder ≤ -2.75). The fitting for colored contact lenses with astigmatism is included in this fee.

High Astigmatism/ Toric Lens Evaluation- \$150-\$350

This lens is suitable for patients who wear single vision glasses and have a very high amount of astigmatism (cylinder ≥ -2.75); these lenses are special order lenses, and therefore trial lenses are not included in this fee.