



**AZ Eye Health**  
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## **Contact Lens Fitting and Evaluation Agreement**

The fee for the contact lens fitting and evaluation by your eye care professional is not included in your comprehensive eye exam. The price of the fitting fee is dependent on the type of contact lens that your doctor deems necessary for your prescription and follow up visit. The fee includes the initial visit and up to three subsequent follow up visits directly related to contact lens wear and fit within a 90 day period. If you decide to change the type of contact lens prescribed after the 90 day period, additional charges may apply.

### **POLICIES:**

- Charges for fitting fees are due in full at the time of the fitting/evaluation.
- Progress checks and other contact lens-related services performed after three follow-up visits may be subject to normal office visit charges.
- Many insurance plans do not cover the full cost of contact lens fees. You will be responsible for any uncovered costs incurred.
- Professional fees for the contact lens fitting/evaluation are **non-refundable**.
- You are responsible for scheduling and attending follow up visits to finalize your prescription. Your prescription will not be released until it has been finalized by your doctor.
- The fitting/evaluation fee does not include the cost of your contact lens supply.
- **Contact lenses may only be returned within 30 days of initial order. All boxes must be unopened and in unmarked packaging.**
- **Contact lens Prescription:** Your prescription is valid for **ONE YEAR** from the date the **Contact lens prescription is finalized**. Contact lens prescriptions are not the same as eyeglass prescriptions. This **Federal Guideline** is managed by the Fairness to Contact Lens Consumers Act ( Pub.L. 108-164, 117 Stat. 2025, 2026, 2027, 2028 and 2029, codified at 15 U.S. C. ch. 102 et seq.), also known as **FCLCA**)

Patient Name: \_\_\_\_\_

Patient or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Due to the health risks involved with contact lenses, we require parental consent for all minor Patients)