

Contact Lens Evaluation

A contact lens evaluation is a separate part of a comprehensive eye examination and requires additional testing that people who do not wear contact lenses do not need to have. Patients wearing contact lenses require more of the doctor's time and expertise.

In order to prescribe contact lenses an optometrist must complete several additional tests:

1. Evaluate the health of the eye, paying close attention to the cornea, eyelids, and conjunctiva and how contact lens wear will affect the health of the eye.
2. Determine the proper contact lens prescription based on each individual patient's eyeglass correction, vision needs, corneal health and curvature. A contact lens prescription is different and separate from an eyeglass prescription.
3. Examine the contact lens on the eye to ensure proper alignment with the cornea and the lids.
4. Measure the vision with the contact lenses on the eye and make adjustments as indicated.

Contact lens examinations and evaluations have difficult levels of difficulty; this depends on the types of contact lenses needed, the visual requirements of the patient and the health of the patient's eye.

Why is the contact lens evaluation different from the comprehensive examination fee?

Most insurance companies require a doctor to separate routine comprehensive eye examination fees from any services performed due to contact lenses. More time and testing is required for a patient who wears contact lenses, therefore most insurance companies treat contact lens services as an additional and separate evaluation from the eye examination.

Contact lenses are medical devices that can only be dispensed by a prescription. Contact lens prescriptions expire after **ONE YEAR**. They must be regarded with the same caution you use for prescription medications which include prescription expiration dates and follow-up visits with your doctor.

Evaluation Fees: (Prior to a VISION PLAN COVERAGE)

Spherical: \$80 -- Astigmatism: \$85 -- Multifocal: \$95 -- Toric Multifocal: \$105

I have read, understand, and accept to abide by the policy above:

Print Patient Name: _____ Date: _____