

MARY KELLY GREEN, MD, PLLC

I agree to the following terms of contact lens care. I understand that a contact lens fitting fee is separate from a comprehensive eye exam and requires a separate fee. The contact lens fitting fee is not covered by my medical insurance, and I have been informed that the office of Mary Kelly Green, MD, PLLC is **not** contracted with any vision plans.

I understand that I am financially responsible for this portion of the exam and that all contact lens wearers require a yearly contact lens fitting and comprehensive eye exam. By law, a contact lens prescription is valid for only one year.

A contact lens fitting may include the following:

- Determination of your appropriate contact lens prescription.
- Follow up visits if required to finalize prescription.
- One pair of diagnostic trial lenses (soft contacts -if applicable).

RGP Patients - (Hard lens/Gas Perm.)

All RGP patients: Please be aware that there is only ONE remake at **no charge**. This is not our policy; this is the policy of the company that makes the lenses. If after the **first remake**, you decide to discontinue the contacts, you will be given a refund of the full amount of the contacts only. The **second remake** is @ 50%. If you choose to discontinue after the 2nd remake, you will receive a refund LESS the amount of the remake. In most cases, there will be no or very little refund. We will have to contact the company to find out the cost of the refund. The **third remake** will be at full charge, there will be NO refund. We encourage you to speak with your physician/optometrist about alternate lenses or glasses, if after the first remake you are not satisfied.

- A Deposit is required on all RGP lens before ordering. The deposit is \$100.00 **per lens**.

Contact Lens Fitting Fees/Charges (Patient responsibility at time of initial visit & separate from exam fees.)

- **Contact lens fitting fee with exam. New or Established Patient** **\$120.00**
- **Contact lens fitting only fee. An exam for the sole purpose of a contact lens prescription.** **\$120.00**
 - A complete dilated exam within 12 months with one of our physicians/optometrist
 - is required.
- **Contact lens "Re-fit" fee - if patient fails to finalize prescription within 60 days** **\$120.00**

There will be no refund on custom or colored lenses. There will be NO refund of the fitting fee or annual contact lens examination fee.

I understand that if I fail to return to finalize my contact lens prescription within sixty (60) days of the original exam date, I will be charged a contact lens re-fit upon my return. I have also been informed that if I return after sixty (60) days of my contact lens prescription being finalized, I will be charged a contact lens re-fit and for a possible eye exam if my problem is determined to be unrelated to my contact lens prescription.

X _____
Signature of Patient or Parent/Guardian if under 18 years of age

X _____
Date

I have worn contacts before and decline to have personalized instructions concerning the safe care and usage of contact lenses. I understand that **improper care and wearing of contacts can lead to potentially sight threatening damage to the cornea, including blindness.**

X _____
Signature of Patient or Parent/Guardian if under 18 years of age

X _____
Date