



FAMILY EYE CARE

14855 Blanco Road, Suite 210 | San Antonio, Texas 78216
210-479-0900 main | 210-479-0903 fax | www.safamilyeyecare.com
contactus@safamilyeyecare.com

Contact Lens Evaluation Agreement

New Patient

The contact lens evaluation includes the initial visit, training (if needed), the contact lens trials, and up to five subsequent visits (within a 30-day period).

Existing Patient

Even if there are no perceptible changes, the doctor still needs to evaluate the contacts and determine if they are not undermining the health of your eyes.

Contact Lens Fees (All Patients)

Regular Sphere: \$55.00	Monovision: \$70.00	Multifocal: \$80.00
Toric: \$70.00	Extended Range Toric: \$80.00	Toric Multifocal: \$90.00
30+ days follow up: \$30+	Contact type change: difference in cost	

Polices & Notices

- The contact lens evaluation is not included in your comprehensive eye exam.
- Many insurance plans do not cover the cost of a contact lens evaluation.
- We do not use your contact lens allowance toward your contact lens evaluation.
- You will be responsible for any co-pays + overages. Your insurance benefits will determine whether you receive a percentage and/or other discounts.
- Regardless if you decided to receive part or all of your evaluation, charges are due in full at the time of the evaluation and are non-refundable.
- Patient is responsible for scheduling and attending follow up visits to finalize your prescription within 30 days. Therefore, follow-ups after 30 days can be subject to an additional charge.
- If you are a previous contact lens wearer with no changes, you will be able to purchase your prescribed lenses the day of the evaluation.
- We will not release your prescription until finalized and it will expire one year from your exam date.
- The contact lens evaluation does not include the cost of your contact lens supply (i.e. boxes).
- Returned purchased contacts must follow our return policies (located on your invoice).
- The doctor does not evaluate hard or RGPs (real gas permeable) contact lenses.

This document and any attached to it are confidential and may contain information that is protected from disclosure by various federal laws, including the HIPAA privacy rule (45 C.F.R., Part 164), and state laws, including Chapter 181 of the Texas Health & Safety Code "Medical Records Privacy". This information is intended to be used solely by the entity or individual to whom this message is addressed. If you are not the intended recipient, be advised that any use, dissemination, forwarding, printing, or copying of this message without the sender's written permission is strictly prohibited and may be unlawful. Accordingly, if you have received this document(s) in error, please notify the sender immediately by return e-mail or call 210-479-0900, and then delete/destroy this document(s).