

## **CONTACT LENS EVALUATION**

Your vision exam does not include an evaluation of contact lenses, which allows us to evaluate your lenses using the slit lamp, verify and update the lens fit and prescription, check your vision, determine if any issues have arisen and discuss alternatives f necessary.

Therefore, the following are out of pocket expenses, not covered by your insurance company.

• Corneal Topography \$25.00 (Unless major medical insruance is used)

The following does not apply to Medicare patients:

- Contact Len Evaluation \$45.00
- Keratoconus Diagnosis Contact Lens Evaluation \$75.00

have read and understand the	above information. I cocent full finan	
or the costs outlined in this doc	above information. I accept full finan cument and understand payment is due ent, coinsurance or deductible I may be eve fees.	at time of service.
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Patient Name Printed	Patient / Parent / POA Signature	Date