

Gresham Vision Center

125 NW Miller Ave.
Gresham, OR 97030
503-665-3813

Sandy Vision Center

39400 Pioneer Blvd. #3
Sandy, OR 97055
503-668-4313

CONTACT LENS SERVICE FEES

An annual contact lens examination is required to ensure good eye health, regardless of any prescription change.

Contact lens service fees are additional to the routine eye exam. A contact lens fitting fee is **not typically covered by insurance**. Specific fees will be determined by Dr. Agost and Dr. Buset during/after your initial examination, based on the following:

UPDATE \$80

- Must have contact lenses to wear to appointment
- Must have written Rx or boxes (or have previous contact lens information on file already)
- Includes 1 FOLLOW-UP VISIT

REFIT \$90

- New patient with no previous written prescription or boxes from current lenses
- No contacts to wear to appointment
- Current lenses are not comfortable or are not healthy.
- Includes sample lenses from our IN-HOUSE SUPPLY
- Includes up to 3 follow-up visits in a 2-month period

NEW WEARER \$110

- Includes training and instruction on insertion, removal, and care of lenses
- Includes sample lenses from our IN-HOUSE SUPPLY
- Includes up to 3 follow-up visits in a 2-month period

ADVANCED FIT or REFIT \$150

- For GAS PERMEABLE LENSES (RGP's) and all CUSTOM ORDERS
- Includes training (if needed) on insertion, removal, and care of lenses
- Includes up to 3 follow-up visits in a 3-month period

Fees for contact lens services are due on the day services are initiated and are non-refundable.

Products (contact lenses) cannot be purchased until fitting is completed.

WEAR YOUR CONTACTS TO EACH APPOINTMENT

Missed appointments will be counted against the follow-up visits allowed in each service package.

Additional visits will be charged at \$65 each.

Contact lens service fees only pertain to the determination of contact lens parameters, material, and design to assure good comfort, fit, and vision. In the event that you develop a medical condition (red eye, infection, etc.) your **medical insurance** will be billed. (We also strongly recommend that you maintain a pair of back-up glasses to wear in case a medical condition renders you unable to wear contact lenses for a time.) **DO NOT WEAR YOUR CONTACTS if your eyes are red or painful, or if you're experiencing blurry vision or discharge from your eyes. Call for an appointment, or see our doctor.**

By signing below you are affirming that you have read and understand the above information and have received a copy.

Signature _____ Date: _____