EYE M.D. MONTEREY

Philip J. Penrose, M.D.
Bahar Bakhtary, O.D.
Couture Vision Optical

REFRACTION POLICY

Refraction is an important part of your eye exam, which determines the eyes' refractive error or need for corrective glasses and/or contacts. It also provides us with important information about the function of your eyes and may alert us to any problems that are related to a decrease in visual acuity.

Refraction is not a covered service by most medical insurance plans, including Medicare. These plans consider refraction a vision service and not a medical service. **Our fee for refraction is $75.00** and unless your plan covers the refraction (for example: Tricare Prime, Medical Eye Services, Vision Service Plan), this fee is collected at the time of service in addition to any co-payment required by your plan. You may wish to check with your insurance plan about this benefit.

Recheck Policy: Please advise us within 90 days if you have any difficulty with your prescription or another refraction fee will be charged.

___ YES, I consent to receive the refraction service. I accept full financial responsibility if not covered by my insurance plan. ***NOTE regarding Contact Lenses:*** *If you are prescribed an updated/new contact lens prescription, there is a separate charge for this service. This is in ADDITION to the refraction fee. See the Contact Lens Service policy below.*

___ I DO NOT accept the financial responsibility and DO NOT wish to receive this service. By choosing this option I am aware that I WILL NOT receive a glasses or contact lens prescription.

_____	_____	_____
Patient Signature or Authorized Party	Patient Name (Print)	Date

CONTACT LENS SERVICE POLICY

Contact lenses are medical devices placed on the eyes that require expert fitting and careful instruction. They require conscientious care and compliance with recommended follow up examinations to maintain the healthy function of your eyes. The goal of the contact lens fitting is to find the most appropriate contact lens for your optimal comfort and vision. Although many patients need only one fitting session, some require additional sessions. In our experience, the extra time is worth it for your ultimate satisfaction and the health of your eyes.

Payment for fitting services are to be paid the day of your initial visit. Once the contact lens prescription is finalized, contact lenses may be purchased separately. The following is the schedule of fees for new and experienced contact lens wearers:

Fee Schedule for Contact Wearers

LENS TYPE	NEW Wearer/Refit (2 follow ups)	EXPERIENCED/UPDATE (no Follow Up)
Spherical (soft)	$225.00	$100.00
Toric (soft)	$275.00	$125.00
Multifocal/Monovision (soft)	$300.00	$150.00
RGP Spherical	$350.00	$175.00
RGP Toric/Bitoric	$400.00	$200.00

Specialty lenses, including (Keratoconus/ectasia, RGP MF/BF, etc)- $500 and up with 4 follow up visits. Additional follow ups are $75.

- Experienced wearer: the same fee applies if there are no changes to your prescription.
- Contact Lens prescriptions must be finalized within 60 days or a new fitting charge will apply. Some vision insurance plans may cover a portion of this fee. Check with our staff to see how this may apply to you.

_____	_____	_____
Patient Signature or Authorized Party	Patient Name (Print)	Date