

Contact Lens Acknowledgement

By signing this acknowledgement I understand the following about my contact lens order

1. Contact lenses are a medical device that help correct refractive error.
2. In order to obtain a contact lens prescription, a yearly corneal health examination is required by a prescribing doctor to ensure proper centration, movement, fit, and alignment. All contact lens prescriptions expire 1 year from the prescribing date.
3. All new contact lens wearers are required to complete a contact lens insertion and removal class with a trained technician before leaving the office with contacts.
4. There is a yearly evaluation fee for contact wearers, ranging from \$50-\$135. An evaluation for specialty lenses can cost up to \$350. In most cases, this fee is not covered by insurance. There is no refund on the yearly evaluation fee.
5. The evaluation covers all follow-up care including, but not limited to: modality, comfort, and vision concerns. Trials will be provided for follow-up care as needed.
6. Two months after the initial Contact Lens Evaluation period, there is a re-evaluation fee of \$25.
7. You will have 30 days from purchasing the contacts to obtain a full refund. To be eligible for a refund, contacts must be purchased from our office, all boxes must be unopened, unmarked and not damaged in any way.
8. Delivery time for soft lenses is typically 3-10 business days or 2-4 weeks for specialty lenses or extended parameter contact lenses. Shipping times may be subject to change and we cannot guarantee any timeframe.
9. In any case where contact lens wear is not applicable due to medical or vision reasoning, Holt Eye Care and Draper Eyewear recommend having a backup pair of glasses to suit your visual needs.
10. We will hold retail and trial orders for 90 days. After that time period, we may return your order. In any situation where this may occur, no refund will be issued.
11. We will bill your insurance as applicable, however, you are ultimately liable for any fees and cost of services not covered or paid by your insurance. Questions about any non-payment should be directed to your insurance company.
12. All balances must be paid in full before release of any contact lens prescriptions or materials.

Print _____ Sign: _____

Patient's Date of Birth: _____

Today's Date: _____