

Contact Lens Patient Informed Consent:

Contact lenses can have many potential benefits including improvement in visual quality, cosmesis and ocular surface rehabilitation amongst others, however it is important to note that as with other ocular drugs and devices, contact lenses are not devoid of possible risks. Studies have shown that contact lens wear is safe if proper compliance standard guidelines are being followed, however there is still a small percentage of contact lens wearers that may have potentially serious complications leading to permanent ocular damage or vision loss.

In the event of any eye pain, redness, discharge, or decrease in vision, please immediately cease contact lens wear and contact the NECO Center for Eye Care clinic at 617-262-2020 during business hours or during our on-call hours. NECO Center for Eye Care has an on-call service to help you after hours or in case of an emergency. If you are unable to reach anyone at the clinic, we advise visiting your nearest emergency room.

Please note that by signing this document you acknowledge that you are receiving contact lens services at the New England College of Optometry Center for Eye Care. You acknowledge that you are giving permission for testing as it relates to your contact lens care and management.

Contact Lens Fitting Policies and Procedures:

It is important to note that contact lens fittings and refittings are different from contact lens renewal exams and evaluations.

Contact lens fittings and refittings will include 90 days or up to three follow-up care visits related to the initial contact lens fitting and refitting. If you require medical attention, unrelated to your contact lens fitting and follow up, during the 90-day fitting period, please consider your medical insurance may be billed. If you miss or chronically cancel appointments within your fitting period, you may be charged for additional appointments. Beyond 90 days or three appointments, each visit will incur an extended fee charge. At the end of your fitting period, you will be given a copy of a contact lens prescription. Per the FTC guidelines, the contact lens prescription may be provided digitally via a Patient Portal or you may be asked to sign a paper copy to confirm receipt. Please note that if a complication arises during your contact lens fitting period, your medical insurance may be billed to allow for appropriate care and management. For such cases, you will be responsible for any costs associated with co-pays or other medical fees.

Payment is due at the time of service. Contact lens fittings are often NOT covered by your medical insurance. On occasion, coverage may be possible for certain medical conditions or under a separate vision plan. We recommend you review your plan(s) prior to your appointment, as it is your responsibility to know your coverage. We do not offer payment plans and **we do not refund fitting fees**. If your insurance has been billed for medically necessary lenses and does not fully cover the visit or materials, you may be responsible for paying the difference, depending on your insurance.

The commonwealth of Massachusetts requires patients to have an unexpired contact lens prescription to purchase contact lenses. Contact lens prescriptions include a specific amount of lenses and are valid for a maximum of **1 year** in the state of Massachusetts. Prescriptions may be written for limited quantities or shorter times at the eye care provider's discretion. Patients are required to be seen at least annually to maintain contact lens prescriptions.

For all annual examinations and follow up evaluations, please wear your lenses to your visit. Part of the examination requires monitoring how the lenses have settled on the eyes for at least 3-4 hours before your exam. To finalize the prescription, follow-up examinations may be necessary.

You are required to have a comprehensive eye exam every year prior to the contact lens exam. This may be performed the same day as your contact lens exam at NECO Center for Eye Care or at an outside eye doctor prior to your contact lens exam. Please note that examination notes will be required for a contact lens only examination.

Disposable Soft Contact Lenses: Patients will receive one pair of diagnostic lenses per fit to wear during the follow-up visit. These lenses are included in the cost of the fitting. Patients who have difficulty keeping follow-up appointments may be required to purchase additional lenses and charged for additional appointments. At the follow-up examination, a final prescription will be issued and the patient will purchase an annual supply. This annual contact lens supply is NOT included in the fitting fee. Please note that boxed lenses may only be returned or exchanged at the discretion of the distributor. Among other conditions, the boxes must be unmarked and unopened. Contact Lens boxes purchased that have been opened, marked, or damaged are NOT eligible for return.

Custom, Specialty or Medically Necessary Contact Lenses may be required for certain medical conditions. NECO Center for Eye Care will attempt to obtain prior authorization for the contact lens fitting/evaluation and materials. Please note that your medical or vision insurance may consider your medical condition a “non-covered service” and may deny the claim. If the claim is denied by your insurance company, you will be required to cover the cost of examination and any materials ordered. ***By signing this document, you acknowledge that you have read and understand the information above and that all of your questions regarding your insurance coverage have been answered.***

Rigid Gas Permeable Lenses, Scleral contact lenses, Orthokeratology lenses, Custom, Conventional (bottled) Lenses and Specialty Lenses must be ordered prior to the finalization of your contact lens prescription. Payment is required prior to ordering any custom contact lenses and lenses are usually warranted by the manufacturer for 90 days from the order date. Therefore, all adjustments to that lens have to be completed within the 90 days. Most manufacturers will replace broken or torn lenses in the 90-day warranty period, if the broken pieces are returned in the original vial. If the lenses are lost, the patient is required to purchase new lenses. Custom lens order cancellations will incur a fee of \$150 to cover the cost of materials, shipping and administration fees. Cancellations and returns can only be made within the first 4 weeks from the date of the original lens order.

Due to the variety and complexity of each individual contact lens fitting, please consider this table as a guide to understand your contact lens service fee structure. Any questions regarding this table can be directed to the Contact Lens Coordinator.

Contact Lens Annual Fittings and Evaluations		
<i>Annual contact lens evaluations are required for all contact lens prescription renewals by the State of Massachusetts. The fees below based on the complexity, examination time, and follow up frequency</i>		
	Renewals/Evaluations	Fittings/Refittings
Level 1	\$65	\$120
Level 2	\$95	\$170
Level 3	\$125	\$250
Level 4	\$245	-

Custom and Specialty Contact Lens Fittings and Evaluations		
<i>Please note these evaluations may be medically necessary. Medical insurance eligibility checks and/or insurance referrals may be required prior to CL fitting visit. The fees below based on the complexity, examination time, and follow up frequency</i>		
Type	Cost Per Eye	Both Eyes
Scleral / Hybrid Lenses	\$650	\$1,300
Keratoconus / Corneal Ectasia	\$650	\$1,300
Aphakia	\$250	\$500
Prosthetic Lens Fitting	\$600	-
Orthokeratology - Initial Fitting	\$575	\$1,150
Orthokeratology Annual Refit	\$300	\$600
Orthokeratology Annual Renewal	\$150	\$300

By signing this document, I acknowledge that I have read and understand the above document in its entirety. I acknowledge that I have been informed that there will be a fee for my exam today and possibly upcoming visits and procedures. I understand that my medical and vision insurance may not cover these contact lens services and so, I will be responsible for the costs associated with my contact lens visits. I understand and acknowledge that contact lenses are considered medical devices and while generally safe, can cause serious complications without proper compliance and care.

Patient or Parent/Guardian Signature: _____ DATE: _____