

## Dr. Julius N. Skeete & Associates, P.C.

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### Contact Lens Fitting and Evaluation Agreement

The fee for the contact lens fitting and evaluation by your eye care professional is not included in your comprehensive eye exam. The price depends on the type of contact lens that your doctor decides is best for you. The fee includes the initial visit and up to **three** subsequent visits **directly** related to contact lens wear and fit **within a 60 day period**. After this period additional fees will be incurred. Fees vary based on the type of lens being evaluated and follow up required. If you decide to change lenses during your fitting additional charges may apply.

#### POLICIES:

1. Dr. Skeete & Associates, PC do not recommend that patient's wear any contact lens on an extended wear basis. We recommend all daily wear disposable and reusable contact lenses be worn on a daily wear basis only.
2. Charges for fitting fees are due in full at the time of the fitting/evaluation.
3. Progress checks and other contact lens-related services performed after your three follow-up visits are subject to normal office visit charges.
4. Any insurance plans do not cover the full cost of contact lens fees. You will be responsible for any uncovered costs incurred.
5. **Professional fees for the contact lens fitting/evaluation are non-refundable.**
6. You are responsible for scheduling and attending follow up visits to finalize your prescription. Your prescription will not be released until it has been finalized by your doctor .
7. Contact lens prescriptions expire after one year in the state of Georgia.
8. The fitting/evaluation fee does not include the cost of your contact lens supply.
9. **Contact lens sales are final.** In rare cases, we may be able to offer an exchange for another brand. **However, all boxes eligible for exchange must be unopened and in unmarked packaging.**
10. Dr. Skeete & Associates, PC recommends that all reusable contact lenses be maintained by a reputable multipurpose solution or hydrogen peroxide care system. We will be glad to offer recommendations for contact lens care if not already advised by our doctors or technicians.

Contact lenses are medical devices. Similarly, due to the health risks involved with contact lenses, we require parental consent for all minors.

Patient Name (PRINT) \_\_\_\_\_

Patient/guardian signature \_\_\_\_\_ Date: \_\_\_\_\_