



Contact lens Policy

Eye Doctors Of Everett

Thank you for coming to Eye Doctors for all of your eye care needs. We appreciate you as a patient and want to provide you with the best care possible.

Whether you are a new contact lens wearer or a current contact lens wearer, we need to evaluate the health of your cornea and your visual acuity. In addition to your routine eye exam, a contact lens fitting is **required** for a **contact lens prescription**. There are **additional fees** associated with this service beyond the routine eye exam. This evaluation includes additional measurements for the curvature of the eye, corneal health check for correct fit, as well as any adjustments we need to do for better comfort and vision. This fee includes any contact lens related follow-up visits for 90 days, as well as diagnostic lenses that we supply **until** your prescription is finalized.

Evaluation fees are non-refundable and due at time of service

The doctor will make the final determination of the type of lenses most appropriate for your vision. Once you and the doctor are satisfied with the fit, comfort and vision with your contact lenses, your prescription will be finalized.

Below are the evaluation fees for contact lenses.

	New wearer	Established CL wearer
Spherical	\$100	\$70
Toric (for Astigmatism)	\$125	\$80
Monovision & Multifocal	\$150	\$90
Rigid Gas Permeable*	\$200-300	\$125-200

* Established Eye Doctors of Everett patients with minor or no changes will be charged a reduced fee of \$15. Not applicable with insurance discounts*

*The prices may vary depending on the type of RGP lens the doctor determines to be the best fit.

*50% non-refundable payment required for all new wearers when scheduling training.

*Purchasing a **full year** supply of contacts includes a **FREE** large 16 oz bottle of cleaning solution*

*Any purchase of contact lens includes **FREE** travel size solution kit*

30% off sunglasses for patients who purchase year supply of contacts

I have read and agree with the above fees for contact lens fitting services.

Signed _____

Date _____