

Good Looks Optometry Contact Lens Pricing & Agreement

At Good Looks Optometry, we carry the latest in contact lens technology and specialize in difficult-to-fit patient cases. This includes astigmatism-correcting lenses (toric), multifocal lenses, corneal diseases (like keratoconus) and post-surgical contact lens fits. We prioritize your eye health and are dedicated to providing an enjoyable and comfortable contact lens experience.

An examination of your contact lenses is necessary to renew the current contact lens prescription. The contact lens evaluation fee is in addition to the comprehensive eye exam fee. This evaluation will include precise measurements, analysis of your visual needs and recommendations tailored specifically for you. It may also include the diagnostic lenses for a pre-determined trial period, doctor-directed follow up visits for up to 3 months from initial fitting, and an insertion and removal lesson for first-time wearers (up to 1 hour). Additional visits after the 3-month fitting period will incur a charge. Contact lens prescriptions are valid for up to 1 year. Vision plan benefits must be presented at time of initial contact lens examination. The evaluation fee does not include the price of lenses once the prescription is finalized.

The contact lens evaluation fee will range in price depending on the complexity of contact lenses worn:

- **Standard** Contact Lens Evaluation (Soft, Spherical Rx) \$80
- **Premium** Contact Lens Evaluation
 - First Time \$125
 - Toric \$95
 - Extended Wear \$95
 - Multifocal / Monovision \$105
 - High Cylinder Toric \$105
 - Toric Multifocal \$125
- Mid-Year Contact Lens Evaluation \$50
- Additional Insertion & Removal Lesson (1 Hour Max.) \$30
- Myopia Management (includes 6 months follow up)..... \$225
- Hard contacts such as RGP, Hybrid, Scleral inquire at front desk

By signing this authorization, I agree to pay for services that are not otherwise covered under my insurance plan. I also acknowledge that I was provided a copy of my contact lens prescription at the completion of the contact lens fitting.

Patient Signature _____ Date _____