

Cornea and Contact Lens Institute of Minnesota Medically Necessary/Specialty Lenses

The purpose of this agreement is to give you an understanding of the fitting process as well as your responsibilities as a patient.

For the purpose of this agreement, the words “medically necessary” are used and you must be aware that medical necessity determination by your doctor may be different than your insurance company.

The fitting process involves various steps and continuous follow-up care.

The fitting process includes:

- An initial consultation to determine your ability to wear contacts (this will include imaging and a refraction to determine prescription)
- Determining the best lens option for you as an individual
- Ensuring proper fit and maximizing vision (through follow-up care)
- Teaching you how to insert and remove your lenses as well as proper care
- Continuous yearly follow-up care when the initial fitting has been completed (as well as following you for signs of problems related to contact lens wear)

Note: If we are submitting to insurance on your behalf, they may require us to separate these items when billing them.

Most of these steps are NOT part of a general eye exam, and therefore the fitting and follow-up of someone wearing contact lenses is not included in the fee for a comprehensive eye examination. There is a 90 day fitting period for someone wearing specialty/medically necessary contact lenses. After the 90 day period, you may incur another fitting charge. The doctor will make recommendations for follow up care, but please return to the clinic sooner if you are experiencing difficulties with your lenses.

Payment for the professional services associated with contact lens wear is required, at time of service. Any remaining balance on your account is due before lenses can be taken from the office. If you make the decision not to proceed with contact lenses, a refund can be given minus any cost for restocking, if they are returned in original packaging, in good condition, and within the warranty period of the lenses. The fee for services is non-refundable.

If you would like us to mail lenses to you due to convenience, we will gladly provide this as a courtesy, but please be aware, there is a mailing fee.

Due to the manufacturers warranties, the lenses have a 90day fitting period. During that 90 day period, we are allowed to make changes to your lenses at no additional cost. The warranty period starts with the first lens order. It is your responsibility as the patient to set up follow up care appointments with the front desk if you need adjustments on your lenses. We will do our best to fit you into the schedule during times that are convenient for you, but it is your responsibility, as the patient, to return the clinic for follow up care within a reasonable amount of time. If lenses are ordered outside of the 90day warranty period, you may be charged for an additional pair of lenses. Due to the timing on returning lenses, we ask that you return exchanged lenses or unwanted lenses to the office within 75 days. If a new lens is ordered of you, you must return the previous pair of lenses so that we can return them.

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The fee for a medically necessary contact lens fitting and contact lenses MAY be covered by your insurance if you wish to have it submitted. The diagnoses that may be covered include keratoconus, aphakia, corneal scarring, and post-surgery, among others. If your insurance denies coverage or partially covers, you are responsible for any remaining balance on your account. If your insurance denies coverage, the balance must be paid in order to start the appeal process, if insurance pays after the appeal, we will refund you any amount of overpayment. Please also note, there may be special corneal mapping to track changes and measure the curves and size of your cornea that, depending on your insurance, is not including in the contact lens fitting fee. If you have a medical diagnosis, this imaging may also be submitted to your medical insurance.

I, _____ have read and understand this contact lens
Print Name
 agreement, along with my responsibilities as a patient.

_____ I have decided to go forward with the contact lens fitting with the understanding
Initials that the fitting portion is non-refundable and due at the time of service.

_____ I understand if I decide I no longer want the lenses, I must return all lenses within the
Initials 90day period, in order to qualify for any refund (this excludes the fitting fee).

Cost for Contact Lens Fitting: _____

Cost for Contact Lenses: _____

I understand the cost of the fitting process as well as the contact lens cost. I also understand that if I choose to have Cornea and Contact Lens Institute of Minnesota submit to my insurance, I am responsible for any remaining balance after insurance, and that insurance companies require Cornea and Contact Lens Institute of Minnesota to charge separately for certain portions of services (I.e. topography).

 Signature of patient/Guarantor

 Date

I also understand that if I come in for a visit during or after the fitting process with a medical concern, either related or unrelated to the usage of contact lenses, that visit will be submitted to my medical insurance. This includes but is not limited to, a visit in which a medication may be prescribed. It is often times hard to definitely say an infection or irritation is caused by contact lens wear. It could be related to allergies, cleaning processes, dry eye as well as many other reasons.

 Signature of Patient/Guarantor

 Date