

**Tom Felstet OD, PLLC Office Policies: They are subject to change.**

**Fees:** Payment is required at the time of service, unless we are billing a pre-authorized vision insurance plan. You are responsible for any amount that is not covered by insurance. If you need to make payments please ask us about CareCredit prior to your exam. Any outstanding balance 90 days past due will be sent to collections.

Cash, checks, Visa, MasterCard, and Discover are accepted. There is a \$30.00 charge for any NSF checks. \*All fees are nonrefundable.

\*Prescription rechecks, for glasses or contact lenses, 90 days or more past the original exam date are \$45.00. If more than six months since the original exam date, the doctor may require a new, full exam.

**I have read these policies and understand them. Signature:** \_\_\_\_\_



**Contact Lens Policies**

**Please read and sign only if interested in a contact lens exam.**

\*The following fees include the \$109 eye exam (\$139, etc. is total cost).

Level I- \$139.00 Applies to existing contact lens wearers fit in standard, soft spherical contacts.

Level II- \$159.00 Applies to new contact lens wearers, soft toric (astigmatism correcting), and monovision contact lens fits.

Level III- \$179 Applies to standard, soft multifocal and spherical, gas permeable lens fits.

\*The above fitting fees cover a 3 month global period. After 3 months additional fees apply.

Level IV- \$499 This fee applies to all custom soft contact lens fits and most non-spherical gas permeable fits as well as other specialty fits such as for hybrid or scleral contact lenses.

\*The Level IV fitting fee covers a 6 month global period. After 6 months additional fees apply.

\*If the fitting is completed or canceled within 3 months from the initial exam 20% will be refunded.

\*Payment for specialty contact lens materials is required before trial lenses will be ordered.

**I have read the office and contact lens policies and understand them.**

**Signature:** \_\_\_\_\_