

**PICO OPTOMETRY
9186 W. PICO BLVD
LOS ANGELES, CA 90035**

Explanation of Contact Lens Exam and Fitting Fees

All patients require a contact lens evaluation every year, in doing so the doctor assesses your eyes to make sure your cornea, lida, and lashes are healthy, and also that your vision with contacts is stable.

If you are a first time contact lens wearer the doctor also assesses if you are a candidate for contact lenses. If you are an existing contact lens wearer the doctor must evaluate the current lenses you are in and make sure they are still satisfactory in fit and vision.

Contact Len Fitting

Patients will require a contact lens fitting in addition to the evaluation if:

1. You are a new patient to our office and we didn't fit the contacts.
2. Your current contact lens prescription has changed.
3. Your doctor needs to change the material/brand of your contact lens.

Though all NEW patients to our office will incur the initial fitting fee, most established patients will only incur the evaluation unless you and the doctor decide together that a change is needed.

Your fitting fee will include insertion and removal instructions (if needed), initial solutions, and up to 3 pairs of different trial contact lenses, A three month period (which includes two subsequent follow-up visits) allotted for you to complete your contact lens fitting.

Contact Lens Professional Fees

Type of Fee	Price Range
New Contact Lens Training	\$150.00
Renewal/Evaluation (Existing Patient)	\$75.00
New Soft Contact Lens Fitting	\$115.00
New Soft Toric Contact Lens Fitting	\$125.00
New Soft Multi-Focal Lens Fitting	\$150.00
RGP/Hard Lens Fitting	\$250.00

If you have Insurance, your Co-Pay will APPLY:

**Contact lens exam and fitting fees are Non-Refundable
PLEASE CHECK BELOW**

_____ YES...I would like a contact lens evaluation today in order to update my contact lens prescription and have the ability to purchase contacts for the next 12 months. I understand that the fitting must be paid at the time of the service.

_____ NO...I do not want a contact lens evaluation today and I understand today and I understand that I will not be able to purchase contacts without an updated lens prescription.

Patient or Parent

Signature _____ Date _____