

Longmeadow Optical

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Contact Lens Policy

Our goal is to provide you with the care and guidance necessary to enable safe and healthy contact lens wear. We want you to succeed, and will provide you with a thorough evaluation and recommendations specific to your prescription and lifestyle. Please feel free to ask questions during your evaluation and tell us about your hobbies, activities, or job situation. Our policies regarding lens replacement, routine exams, and contact lens prescriptions are designed to foster good eye health in our patients.

Examinations

All contact lens patients, both new and previous wearers, are encouraged to have yearly eye health examinations. Routine health examinations are a separate service and do not include contact lens services. A current eyeglass prescription and eye health assessment are necessary to determine what contact lens options would most benefit your vision.

Fitting Fees

Current contact lens wearers will be charged a contact lens evaluation fee of \$45.00 to reassess vision, fit, and health of current lens modality. A comprehensive fitting fee ranging from \$115-155.00 will be charged when more extensive care is necessary depending on the complexity of the case. A comprehensive fee is necessary for new contact lens wearers and patients who must be refit for vision or health reasons. The fee for the fitting of medically necessary contact lenses for eye disease will be determined on a per case basis.

Lens Fees

The above fees do not include the cost of your lens supply. Once a prescription is determined, an annual lens supply may be ordered. Except for special order custom contact lenses, all contact lens supplies are fully refundable if they are returned in good condition, unopened and not permanently marked, during the first 30 days.

Prescriptions

We will provide a prescription for your contact lenses once the fitting is completed. A copy of your contact lens record is always available to you upon request.

Thank you for entrusting your vision to our care. We look forward to working with you and helping in any way we can to enhance your contact lens wearing experience.

Patient Signature _____ Date _____