

David E. Palozej Eyecare Associates, LLC

MICHELLE L. REICHLER OD

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Contact Lenses Policy 2015

1. Effective January 1, 2012, David E. Palozej Eyecare Associates will separate the costs of Contact Lenses into “Materials” and “Services”.
2. Contact Lenses “Materials” will be sold per item at our listed prices and will include all types of contact lenses (singles, six packs, 30/90 packs, astigmatism, bifocal, tints, etc.)
3. Contact Lenses “Services” will have 5 options:

[] #104 (\$30.00) *Yearly Evaluation to Renew Contact Lens Prescription:* In order to renew a contact lens prescription, each doctor must perform additional tests each year which are not part of a “Routine Eye Exam”. These tests include slit lamp exam of the contact lens on the eye to check the fit of the lens, slit lamp exam of the cornea, conjunctiva and eyelids to check health and to look for adverse effects from contact lens wear, and contact lens refraction to determine the correct prescription for contacts (contact lens and glasses prescriptions are not the same). The doctor may also review new lens types/materials that could improve your fit.

[] #105 (\$115.00) *New-Fit Routine:* This is for any patient who has never worn contacts before and needs single vision spherical contact lenses. This includes trial contact lenses for fitting purposes, teaching to insert and remove the contacts and six months of routine office visits. Medical visits would be billed separately.

[] #106 (\$140.00) *New-Fit Specialty:* This is for any patient who has never worn contacts before and needs astigmatism, bifocal, gas permeable, or any other contact lens that is not a single vision spherical. This includes trial contact lenses for fitting purposes, teaching to insert and remove and six months of routine office visits. Medical visits would be billed separately.

[] #107 (\$50.00) *Re-Fit Routine:* This is for any patient who has worn contacts before but needs a change of prescription or a change of contact lens type. This includes trial contact lenses for fitting purposes and six months of routine office visits. Medical visits would be billed separately.

[] #108 (\$85.00) *Re-Fit Specialty:* This is for any patient who has worn contacts before but needs a change of prescription or a change of contact lens type. This includes trial contact lenses for fitting purposes and six months of routine office visits. Medical visits would be billed separately.

Please note that if a patient fails to learn to insert and remove contact lenses and never takes them home there will be no charge. However, if a patient takes contacts home and returns for office visits, but decides they do not want them, the “Services” charge will be billed. Contact Lens prescriptions will be released when “Service” charges have been paid.

Thank you for your understanding,

Date: / /

David E Palozej OD
Michelle L Reichle OD
Laura A. Mafuz OD

Patient Signature