



55 Stevenson Street
 San Francisco, CA 94105
 Tel: (415) 981-2020
 Fax: (415) 981-2019
 frontdesk@glaucomasf.com
 www.glaucomasf.com

Andrew G. Iwach, M.D.
 Shan C. Lin, M.D.
 Terri Pickering, M.D.
 Sunita Radhakrishnan, M.D.
 Sophia Hsiao, O.D.

Emeritus
 H. Dunbar Hoskins, Jr., M.D.
 Robert N. Shaffer, M.D.,
 1912-2007
 John Hetherington, Jr., M.D.,
 1930-2020

REFRACTION SERVICES AND FEES

A refraction is the process of determining your best corrected vision and if there is a need for corrective eyeglasses or contact lenses. It is an essential part of the eye exam and is necessary to write a prescription for glasses or contact lenses.

A refraction is NOT a covered service by Medicare or most medical insurance plans. These plans consider a refraction a "vision" service not a "medical" service.

We will NOT file the charge for a refraction with a health insurance unless we know that your plan covers the refraction charge.

Our office fee for a refraction (92015) is **\$75.00** and this fee is collected at the time of service in addition to any co-payment your plan may require. Should your plan pay us for the refraction, we will reimburse you accordingly.

We cannot file insurance on both the medical and routine vision plan for the same visit.

 Patient's Name (Printed)

 Date

 Patient Signature (Legally Responsible if applicable)

 Relationship to Patient

 Witness



55 Stevenson Street
 San Francisco, CA 94105
 Tel: (415) 981-2020
 Fax: (415) 981-2019
 frontdesk@glaucomasf.com
 www.glaucomasf.com

Andrew G. Iwach, M.D.
 Shan C. Lin, M.D.
 Terri Pickering, M.D.
 Sunita Radhakrishnan, M.D.
 Sophia Hsiao, O.D.

Emeritus
 H. Dunbar Hoskins, Jr., M.D.
 Robert N. Shaffer, M.D.,
 1912-2007
 John Hetherington, Jr., M.D.,
 1930-2020

CONTACT LENS SERVICES AND FEES

It is the law and our policy that all contact lens wearers are seen yearly for a contact lens examination. The goal of a yearly contact lens evaluation is to find the most appropriate contact lens for each patient's optimal vision and comfort. **All contact lens patients will receive a copy of their contact lens prescription after they have returned for follow-up care and the final prescription is noted in their medical chart. By law, a contact lens prescription is valid for only one year.**

Before a patient can be fit with contact lenses, a complete medical and refractive eye examination is necessary. This exam is critical to assure the good health of your eyes and to rule out the possibility of any unsuspected, underlying condition that may prevent contact lens use

The goal of the contact lens fitting/assessment is to find the most appropriate contact lenses in terms of fit and prescription for each patient. The fitting includes the initial fitting or refit with trial lenses and follow up contact lens visits (*up to 3 months after the date of the initial fitting*). Any patients who are changing lens brands must also have a new fitting. We are committed to taking the time and making the effort to fit you properly. A contact lens prescription can only be determined by the careful observation of the lens on the eye and the eye's response to the lens on follow-up visits. Since follow-up care is essential, it is your responsibility to keep all appointments and follow all lens care instructions.

The patient will be provided with personalized instruction in the safe care and usage of new lenses. Upon completion of a successful insertion and removal session, you may begin wearing your contact lenses and we will schedule your first follow-up appointment within two weeks.

EVALUATION FEES

- Spherical soft contact lens evaluation fee: \$115
- Toric soft contact lens evaluation fee: \$135
- Multifocal/Monovision soft contact lens evaluation fee: \$150
- Rigid Gas Permeable and post surgical evaluation fee: \$160
- Contact lens training session: \$30

The evaluation fee includes:

- Refraction and a spectacle prescription
- The contact lens fitting
- Contact lens follow-up visits up to 90 days
- Lens changes if necessary

The evaluation fee does *not* include:

- Training session (\$30 and required for all new contact lens wearers)
- Contact lenses (Costs will vary depending on type of lens prescribed)
- The comprehensive eye exam or medical visits not directly related to contact lens wear
- Contact lens follow-up visits after 90 days

By signing below, I indicate that I have read and agreed to the above contact lens policy and have had all my questions answered.

Patient's Name (Printed)	Date
Patient Signature (Legally Responsible if applicable)	Relationship to Patient
Witness	