

## **Explanation of Professional Services**

## **Dear Eye Gotcha Patient:**

Patient's Printed Name

The routine, comprehensive eye exam includes a refraction to determine any spectacle lens correct and a dilated comprehensive eye health exam. Contact lens evaluations/fittings and other professional services such as an office visit for non-routine concerns are not included with the routine exam and **may not be covered by your insurance**. Below are some guidelines for the prices some of the non-routine services run out of pocket.

Service Cost
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Comprehensive Eye Exam \$160
Including refraction, dilation, and routine eye health check without follow- up visits
Contact Lens Services \$50 - \$250
Including evaluation of existing lenses with service cost depending on the complexity
Office Visit \$50-\$250
Non-routine medical evaluations including emergency visits with service cost depending on complexity
Follow-up Visit \$35-\$250
Additional visits for existing conditions which were evaluated in office within the past 90 days
If you have any questions regarding charges for non-routine services, please ask the doctor during your visit.
Please sign below acknowledging receipt and understanding of this statement. We will be unable to provide non-routine services without a signature on file.
Authorized Signature Date Signed

Relationship to Signer