



A complete retinal evaluation is an essential part of a comprehensive eye exam and the standard of care. As part of our ongoing commitment to your eye health, the Doctors at Premier Eyecare include the Optomap Retinal Exam as part of your yearly comprehensive eye examination. This advanced screening technology is the Doctors' preferred way of obtaining a detailed view of your retina ***without having to dilate your eyes.***\* The wide-field digital image is used for early detection and management of eye diseases including macular degeneration, glaucoma, retinal detachment, and ocular tumors, as well as systemic diseases such as diabetes, hypertension, and high cholesterol. The digital image will become a permanent part of your medical record and is reviewed annually to detect any changes in your retinal health. The Optomap Retinal Exam is fast, easy, and comfortable.

The standard fee for this test is \$39, in accordance with the typical copay determined by most insurance plans.

Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Dilation may still be necessary in some circumstances.

## Premier Eyecare Contact Lens Evaluation Fees\*

Premier Eyecare uses the accepted vision insurance standard of two separate charges for all contact lens wearers, one charge for the eye health exam and eyeglass prescription and a second charge for the contact lens evaluation. You will be responsible for any contact lens evaluation and management fees before a contact lens prescription can be given.

Existing Contact Lens Patient		
All Types of Lenses		
\$65		
New Contact Lens Fitting & Training		
Spherical	Astigmatism/Color/Monovision/Multifocal	Specialty Fit
\$95	\$135	\$225-\$410

I would like to update my contact lens prescription today       I would like to try contact lenses today

I am not interested in contact lenses

I acknowledge that I have read and understand the contact lens evaluation fees and that I have received or will receive a copy of my contact lens prescription at the completion of my contact lens fitting.

Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_

\*This service fee includes evaluation, assessment, and prescription services related to contact lenses. It also includes any follow up visits needed over the course of a year related to the fit or vision through the contact lenses. Visits related to medical conditions such as infections, allergic reactions, abrasions, etc. are not included.