

Beri Eye Care Associates, PC



Eye MDs ♦ Optical ♦ Surgical

Contact Lens Process and Policy

We are delighted that you have given us the opportunity to serve your Contact Lens needs! Please note that Contact lens services are based on your current Eye Examination which is billed separately. We strongly recommend an Eye Examination every 12 months for optimum eye care with the use of Contact lenses.

Contact lens Fitting Appointments are on a different day than the Eye Exam so that BECA can order appropriate trial lenses. While we are pleased to bill your Insurance Provider as a courtesy, kindly note that all fees are due at the time of Contact lens Fitting. The fee schedule is dependent on the type of Contact lenses you get. Please refer to specific information below as it pertains to you:

BECA Package Plan:

Type of lenses _____

Manufacturer _____

Fitting Fee \$ _____

(fee is determined by whether patient has worn Contacts in the past and includes 3 months of follow-up care and trial lenses)

Final Supply \$ _____

Additional Lenses \$ _____

(for future purchase at BECA)

Total Estimated Cost for Contact Lens Package \$ _____

- The patient will receive as many Contact lens trials necessary to achieve accurate fit in a three (3) month period.
- The patient will receive an updated Contact lens prescription with the final supply.
- We charge a flat fee of just \$10 if lenses are mailed to a US address. For International locations, additional fees may apply.

Non-Package Plan:

One (1) time BECA office visit \$ _____

- The patient must be a current contact lens wearer.
- The patient is responsible for providing current Contact lens information.
- The patient will receive one trial pair of Contact lenses to ensure accurate fit.
- The patient will receive the final Contact lens prescription if you choose to buy lenses other than from BECA.

Fees noted earlier are subject to change. We request you to please sign below to indicate your agreement with the above. **For any clarification, please contact us at 503-232-6104 in Portland, OR and/or 360-817-2700 in Camas, WA.**

Patient Signature

Patient Name

Date

BECA Technician Signature

Date

(Form Rev.6/20/08 BECAF-P-13)