

## CONTACT LENS EVALUATION

Contact lens wearers are at greater risk for infection and cornea tissue damage. Due to this fact, a proper evaluation annually is critical. Evaluation fees are not covered by most insurance plans, as contacts are considered cosmetic and not necessary. However, some vision plans may provide coverage. The evaluation fee is determined by the complexity of the evaluation, and your exact fee will be presented immediately following your evaluation. Evaluation fees are due the day the service is provided. Evaluation fees start at \$55. The evaluation period covers follow up visits for 60 days from the time of the initial dispensing of lenses. There will be an additional \$20 evaluating fee for any follow up visits related to the initial contact lens evaluation after 60 days, up to 90 days. After 90 days from the initial contact lens evaluation, follow up appointments are no longer applicable.

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Signature

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Date

## DILATION CONSENT

Dilating drops are used to dilate or enlarge the pupil of the eyes to allow the doctor to get a better view of the inside of your eye. The eye drops are necessary to diagnose ocular conditions. These drops blur vision for length of time, which varies from person to person, and may bright lights bothersome. It is not possible to predict how much your vision will be affected. Because driving may be difficult immediately following your exam, it is best to make arrangements not to drive yourself.

Adverse reactions, such as acute angle-closure glaucoma, may be triggered by the dilating drop. This is extremely rare and treatable with medical attention.

I hereby authorize the doctors of Dr. Rosanna LaMalva and Associates and/or such assistants that may be designated by a doctor, to administer dilating drops at any of my visits as required by my eye condition.

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Signature

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Date

## PAYMENT EXPECTATION

I understand and agree that, regardless of the status of my insurance, I am ultimately responsible for the balance on my account. If there is any amount due for services or products within 60 days of the initial charge, the responsible party agrees to pay all costs for collecting or attempting to collect any balance due. I am also agreeing to pay a \$10 service charge *per statement* mailed in an attempt to collect any balance due, after the initial notification by our office.

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Signature

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Date