

Brilliant Eye Care

Medical Office Visit Agreement

Due to an underlying ocular condition, we are unable to perform an accurate routine eye exam for glasses or contact lenses today. Once this condition is treated and resolves, we will be able to perform an accurate routine exam (and safely fit contact lenses).

Today's total cost will be for a **medical office visit** to treat your ocular condition. If the doctor requires follow up visits to monitor your progress, they are **included** in the price you pay today, within a 2 month (60 day) period. Medical insurance (not vision policies) may cover this office visit fee. Please speak with a staff member for questions regarding insurance and coverage.

\$75 - \$105: the fee will depend on the complexity of the condition and treatment plan. Dilation and/or visual field screening are required for certain conditions.

The regular routine exam/contact lens fitting fee will be collected at the time those services are rendered, after your condition resolves.

By signing below, I accept and understand Brilliant Eye Care's Office Visit Agreement.

Name (print): _____ Date: _____

Name (sign): _____