

KOZOL VISION CENTER

20 Roche Bros. Way Suite 7

North Easton MA 02356

Phone #: 508-238-5200 Fax#:508-238-5146

This is to certify that I have agreed to pay **\$39.00** out of pocket for retinal photography. I understand that my insurance does not cover this service and I agree not to request reimbursement from my insurer either through direct billing or by non covered allowance.

Retinal photography might be reimbursable through flex benefits frequently offered by employers.

Patient Signature: _____ **Date:** _____



August 20, 2009

In compliance with **The Fairness to Contact Lens Consumers Act**, Kozol Vision Center is obligated to conduct a contact lens refit exam **annually** in order to confirm optimum contact lens fitting standards as well as optimum ocular health. This federal Act mandates that the contact lens prescription will have an expiration date of one year unless ocular health mandates a shorter period.

Usual and customary eye examinations do not include the activities necessary to extrapolate contact lens specifications nor do insurance companies usually reimburse for contact lens fittings and materials. The exceptions to this include certain discount vision plans that vary individually.

According to this Act, *A contact lens fitting is defined to mean the process beginning after an initial eye examination and ending when a successful fit has been achieved or, in the case of a renewal prescription, ending when it is determined that no change in prescription is required.* The manner in which Kozol vision center accomplishes this task is to provide 3 visits to be completed within 90 days of visit number one, for which we charge a yearly fee. An additional fee will be charged for any visit made after the 90 day period.

Thank You for your patronage.

Sincerely
Kozol Vision Center

**I acknowledge and agree that I am personally responsible for the
aforementioned contact lens related fees.**

Patient's name: _____

Patient/Guardian signature: _____

Date: _____

Reference: Sec 5 Subsection C of The Fairness to Contact Lens Consumers Act of 2003, Pub. No. 108-164. Confer <http://thomas.loc.gov>