

Orthokeratology Patient Agreement

SAMPLE ONLY!

We would like to take this opportunity to welcome you into our accelerated Orthokeratology treatment program.

We anticipate a period of active care of about months. The actual time of treatment is based upon your ability to adapt to contact lenses and the flexibility of your cornea. Missing or being late for appointments interferes with your progress and thus prolongs treatment time. Following the period of active corrective changes, retainer lenses will be worn to ensure functional stability. In some cases, we may need to extend your treatment time. Fees for further care, if applicable, will be discussed at the end of your initial treatment period.

Orthokeratology care is based on a total fee. It is not dependent upon the number of office visits or contact lenses used. Appointments will be made as often as necessary to accomplish our definite aims. The fee includes a lens replacement plan which is in effect for the entire length of your program. Lost or damaged lenses will be replaced at lab cost (\$50-\$75 depending upon the lens worn) under this plan.

If circumstances beyond your/our control prevent you from continuing your treatment, there are certain fees and charges that cannot be refunded. Each case will be determined individually based on the office time and lenses utilized up to that point. If the total fee for services due exceeds the total payments made, it is understood that you shall be responsible to pay the difference even though treatment has been discontinued. If the total payments made exceeds the total fee for services, you shall receive the difference in the form of a refund.

Upon receiving each new set of lenses, you will be required to return your previous set, so remember to bring them with you. You will be charged for any sets of lenses you do not return; however, we will issue credit when you do return them.

At the beginning of your Orthokeratology program, a treatment fee of will be charged. A deposit of (usually 1/2 the total fee) will be due at the beginnin of your program. The balance may be paid in equal monthly installments of and will be due the first of each month. If you choose to pay for the entire Orthokeratology fee at the beginnin of the treatment program, this total fee will be reduced by 15%.

We appreciate the confidence you have placed in us for your Orthokeratology care. We are looking forward to having you in our accelerated Orthokeratology program.

I have read and understood the above, and I am in complete accord with the contents. I understand that should legal proceedings become necessary to collect the balance due, the party prevailing shall be entitled to recover costs, including reasonable attorney's fees.

(Signature of patient or parent)

(date signed)

(Office staff signature)

(date signed)