

Monterey Bay Eye Center, [hereinafter "Provider"] hereby agrees to provide the services and materials required for the delivery of Corneal Refractive Therapy to \_\_\_\_\_  
\_\_\_\_\_ [hereinafter "Patient"] according to the following terms, conditions, and fees. The term of this agreement is for 365 days commencing \_\_\_\_\_ and ending \_\_\_\_\_. The CRT program requires an extensive evaluation beyond a comprehensive eye examination. The evaluation includes a thorough analysis of pertinent ocular data and diagnostic evaluation to determine the proper non-surgical corneal reshaping for improved, unaided vision.

**Fees:** The fee for a CRT fitting is **\$1500 for both eyes (\$750 per eye)**. Half of the fee is due before the CRT lenses are ordered for fitting. The full payment is due 60 days from the start of CRT treatment. The fee includes the evaluation, analysis, and primary therapeutic CRT lenses along with the prescribed follow-up visits (5-10 visits). Further replacement lenses are available at an additional cost to the patient. The fee for an established CRT evaluation and renewal ranges from \$400-\$600 depending on the extent of the changes needed to be made to the patient's current CRT lenses. This fee also includes one pair of primary CRT lenses and the associated follow-up visits (2-4 visits). Primary lenses \$260, and second pair is \$130 if ordered within 30 days from the date the final lenses are determined.

**Discontinuation:** It is a rare occurrence in health care that every procedure succeeds in every case. The fees shall be adjusted should the decision to discontinue be made by either the Patient or Provider within the time of the term agreement. If discontinuation of the CRT program happens within the first 3 months, 50-75% of the fee shall be refunded (determined by chair time). If discontinuation occurs within 3-6 months, up to 50% of the fee will be refunded. After 6 months, no refunds will be made. All lenses shall be returned upon discontinuation.

**PATIENT RESPONSIBILITIES**

1. Follow all verbal and written instructions.
2. Attend all prescribed follow up visits .  
Use only the prescribed lens care regimen.
3. Comply with the prescribed wearing schedule.
4. Report all treatment related emergencies immediately by calling the emergency phone number provided.

**PROVIDER RESPONSIBILITIES**

1. Provide clear verbal and written instructions for compliance.
2. Provide reasonably convenient office hours for all prescribed follow-up visits.
3. Ensure the quality of the service and materials.
4. Provide timely response/treatment for all emergencies relating to CRT.

The undersigned hereby agree to this agreement and agree to perform their responsibilities in an effort to achieve optimum success in the Corneal Refractive Therapy treatment.

\_\_\_\_\_  
Patient/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider's Signature

\_\_\_\_\_  
Date