

Meredith Morgan University Eye Center

Myopia Control Clinic Information and Policy

(510) 642-2020 <http://optometry.berkeley.edu>

Patient Eligibility: You must have had a primary care examination within 3 months of obtaining a myopia control consultation. If you had an eye exam outside the Eye Center, your records must be forwarded to us.

Myopia Consultation: \$85

A preliminary verbal consultation will help evaluate your risks of developing high myopia and potential complications based on your family ocular history, your visual demand, as well as your previous history of myopic development. We will also analyze your spectacle prescription, your corneal curvature, as well as your ocular dimensions in order to determine which myopia control options might work best for you. The strengths and limitations of likely recommendations will be discussed in detail. The fee for this visit will be credited toward further treatment costs if you decide to pursue the services in this clinic within 6 months.

Comprehensive Orthokeratology (OrthoK) fitting: \$1400

Trial lenses will be used to analyze the fitting relationship between the contact lens and the front surface of your eye. If it is determined that the trial lenses are appropriate during the initial evaluation, the clinician will teach you how to insert and remove the contact lenses safely. You will be educated on proper care and handling of the lenses to reduce the risk of adverse events that may occur with contact lens wear.

The fitting fee must be paid in full (\$1400) at the time of fitting and will include doctor-directed follow-ups for up to 12 months thereafter. If the clinician determines that the fitting is suboptimal and that your goals will not be met in the first 30 days, half of the fitting cost (\$700) may be credited.

CRT Lens Material Fee: \$525

A \$350 deposit for the trial lenses is due at the time that the fitting process begins. This deposit will be credited toward your account once your own lenses are ordered and the trial lenses are returned. When we order your own lenses, this will initiate a 90-day warranty period, or two lens exchanges, whichever comes first. If fitting is not completed within the warranty, then the warranty must be renewed (\$350) in order to continue. Once the fitting is complete and the prescription is finalized, 2 pairs of contact lenses will be purchased. If a contact lens needs to be replaced, the cost will be \$175 for each additional lens ordered.

Total OrthoK Fitting Cost Breakdown (new fit):

Myopia Consultation	\$85*
Comprehensive OrthoK fitting	\$1400
Two pairs of CRT lenses	\$525**
Total	\$1925

* This fee will be credited toward the OrthoK fitting

** Second pair ordered within 90 days of the original order

OrthoK Follow-Up Package: \$390

In subsequent years, the OrthoK follow-up package will include the cost of one comprehensive annual exam and up to 3 additional contact lens follow-up exams within 12 months. The general health of your eyes as well as the efficacy of the orthokeratology treatment will be evaluated.

Discontinuation of OrthoK Fitting:

If the OrthoK fitting is discontinued within the first 30 days, half of the fitting cost (\$700) may be credited.

Lens material fees are refundable before your lenses are ordered. After the first order is placed, the lens material fees are not refundable.

Comprehensive Multifocal Soft Contact Lens Fitting: \$385

Trial lenses will be used to analyze the fitting relationship between the contact lens and the front surface of your eye and visual performance will be evaluated. After the initial evaluation, the clinician will teach you how to insert and remove the contact lenses safely. You will be educated on proper care and handling of the lenses to reduce the risk of adverse events that may occur with contact lens wear. All multifocal fitting follow-up appointments within the following 60 days plus one additional follow-up visit approximately 6 months after the initial fitting will be included in this fee.

MFSCCL Material Fee: \$300-\$800

Once the fitting is complete and the prescription is finalized, the MFSCCLs will be purchased. The cost range of lenses used in our clinic is listed above.

Atropine Treatment: \$385

Your pupil size, accommodation (near focusing ability), and visual performance will be evaluated. After the initial evaluation, the clinician will teach you how to instill eye drops. Atropine drops will be instilled at home as prescribed. Additional follow-up visits will occur approximately 2 weeks following the initial visit and approximately 6 months after the initial visit and are included in this fee.

Atropine Material Fee: \$360

Atropine drops at the low concentrations used for myopia control are not commercially available. They need to be purchased through a compounding pharmacy. The cost can vary depending on the pharmacy used. An approximate cost is listed above.

Total MFSCCL or Atropine Treatment Cost Breakdown:

Myopia Consultation	\$85*
Comprehensive MFSCCL fitting <i>or</i> Atropine treatment & evaluation	\$385
Annual materials cost (estimate)	\$300-\$800
Total	\$685-\$1185

* This fee will be credited toward the MFSCCL fitting or atropine treatment and evaluation

MFSCCL/Atropine Follow-Up Package: \$290

In subsequent years, the MFSCCL/Atropine follow-up packages will include the cost of one comprehensive annual exam and one additional follow-up visit within 12 months. The general health of the eyes, as well as the efficacy of myopia control will be evaluated.

Patient responsibility: Most people can wear contact lenses successfully without complication. However, complications can occur for a variety of reasons and may include sight-threatening conditions. It is your responsibility to follow the instructions of your clinician regarding wear schedule, lens care, and follow-up care. Contact lenses may feel fine but can still harm your eyes. Regular eye examinations as recommended are necessary to promote eye health. Evaluations and treatment of medical eye conditions are not covered in this fitting and will incur additional charges.

I agree to the above policies of the Meredith Morgan University Eye Center. I further agree to follow the advice and instructions given to me by the Eye Center clinicians and staff. I will remove my lenses and seek care immediately from the Eye Center, another eye doctor, or a hospital emergency room if I experience any unexplained eye pain, redness, discharge or vision change.

Signed: _____
(Patient or Parent/Guardian if patient is a minor)

Date: _____

Print Name: _____

Account # _____