Meredith Morgan University Eye Center

Myopia Control Clinic Information and Policy

Patient Eligibility & Insurance Coverage
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 control services are not covered by vision or medical insurance. Vision and medical benefits may be applied to materials.

Myopia Consultation: $200*
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: $2000
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 ($2000) 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 within the first 30 days, half of the fitting cost ($1000) may be credited. Due to the nature of orthokeratology, there is potential that the patient's prescription may not be fully corrected with orthokeratology, or medical complications may arise. If your visual goals have not been met in the first 30 days, half of the fitting cost ($1000) may be credited.

CRT Lens Material Fee: $600*
A $600 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. Once the fitting is complete and the prescription is finalized, an additional pair of contact lenses can be purchased within the warranty period at a 50% discount. If a contact lens needs to be replaced, the cost will be $300 for each additional lens ordered. If a contact lens is broken during the warranty period, a lens can re-ordered at no cost if the broken lens is returned.

Total OrthoK Fitting Cost Breakdown (new fit):

<table>
<thead>
<tr>
<th>Component</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Myopia Consultation</td>
<td>$200*</td>
</tr>
<tr>
<td>Comprehensive OrthoK fitting</td>
<td>$2000</td>
</tr>
<tr>
<td>Two pairs of CRT lenses</td>
<td>$900**</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$2900</td>
</tr>
</tbody>
</table>

ORTHOK Follow-Up Package: $800
In subsequent years, the OrthoK follow-up package will be charged at the patient’s comprehensive eye exam (fee does not include exam fee). This includes the release of the OrthoK prescription and 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 ($1000) 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: $1000-$1250
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.
**MFSCL Material Fee: $350-$1250**
Once the fitting is complete and the prescription is finalized, the MFSCLs will be purchased. The cost range of lenses used in our clinic is listed.

**Discontinuation of Brilliant Futures program for MiSight 1 Day wearers**
If your child should discontinue the Brilliant Futures program within the first 60 days, $750 will be refunded to you. After 60 days, there are no refunds.

**Atropine Treatment: $800-$1050**
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 1 month following the initial visit and approximately 3-6 months after the initial visit and are included in this fee.

**Atropine Material Fee: $600**
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 MFSCL or Atropine Treatment Cost Breakdown:**

<table>
<thead>
<tr>
<th>Service</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Myopia Consultation</td>
<td>$200*</td>
</tr>
<tr>
<td>Comprehensive MFSCL fitting or Atropine treatment &amp; evaluation</td>
<td>$800 - 1250</td>
</tr>
<tr>
<td>Annual materials cost (estimate)</td>
<td>$350 - $1250</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$1350 - 2500</strong></td>
</tr>
</tbody>
</table>

**MFSCL/Atropine Follow-Up Package: $400**
In subsequent years, the MFSCL/Atropine follow-up packages will be charged at the patient’s comprehensive eye exam (fee does not include exam fee). This includes the release of the MFSCL/Atropine prescription and two additional follow-up visits within 12 months. The general health of the eyes, as well as the efficacy of myopia control will be evaluated.

**Combination Treatment: $400 (Atropine), $600 (MFSCL), $1600 (OrthoK)**
If your doctor advises a second treatment, you will be charged a discounted OrthoK or MFSCL fitting fee, or atropine evaluation. When a second treatment is initiated, your follow-up package will also be reset to align with the second treatment start date.

**Combination Treatment Follow-Up Package: $800**
In subsequent years, the combination treatment follow-up package will be charged at the patient’s comprehensive exam (fee does not include exam fee). This includes the release of the contact lens and atropine prescriptions, and two additional follow-up visits within 12 months. The general health of the eyes, as well as the efficacy of the treatment will be evaluated.

**Per Visit Evaluation: $250**
If your doctor advises less frequent follow ups, you have the option to be charged on a per visit basis instead of the follow-up package. The general health of your eyes as well as the efficacy of the treatment 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: ____________________________ Date: ____________________________
(Patient of Parent/Guardian if patient is a minor)

Print Name: ________________________ Account #: ________________________

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