



Myopia Control Program

Treatment Summary and Costs

Evidence in the scientific literature suggests that some novel contact lens designs and eye drops may slow the progression of nearsightedness in children. However, since these treatments are relatively new and considered preventative, they are not yet covered by vision or medical insurance plans. Therefore, the costs for each treatment below represents the total out of pocket costs to the patient for an entire year of treatment.

It is very likely that each myopia control treatment will continue for patients through adolescence. Many patients will need to continue treatment until they are 16-21 yrs old or until progression slows down.

OrthoK Paragon Overnight Lenses

Corneal reshaping contact lenses are worn during sleep and removed in the morning. They temporarily change the shape of the cornea, so that the child can see clearly all day long without glasses or contact lenses. During the first two weeks of overnight lens wear, your child will experience changing vision. When the vision gets worse, s/he may put on glasses to provide clear vision. Although the chance of an eye infection is still very low (about one case per 500 years of wear), it is greater for corneal reshaping contact lenses than usual daytime contact lens wear because the contact lens is worn overnight.

- Total Cost: \$2,150 (Year 1) / \$1,550 (thereafter)
Payment Plan: **\$350** Down Payment at time of appointment
10 (ten) recurring payments of **\$180**, due monthly

Treatment Includes:

- Myopia Baseline Consultation
- Initial fitting of corneal reshaping lenses
- All follow-ups throughout the year (5-8x depending on success of initial lens selection)
- 3 & 6-month progress consultation
- Cost of annual supply of lenses (\$500)
- Refunds:
 - Myopia Baseline Consultation and fitting fees are non-refundable.
 - Lenses can be refunded in full within 30 days of initial fitting. No refunds thereafter.

MiSight Daily Contact Lenses

Soft and rigid gas permeable multifocal contact lenses are worn in the daytime and are routinely used to help people over 40 years of age read clearly as well as see far away. Children may not see quite as clearly with these contact lenses as other types of contact lenses, but there are no additional risks compared to regular daily contact lenses.

- Total Cost: \$1,550 (annually)
Payment Plan: **\$350** Down Payment at time of appointment
10 (ten) recurring payments of **\$120**, due monthly

Treatment Includes:

- Myopia Baseline Consultation
- Initial fitting of multifocal contact lenses
- All follow-ups throughout the year (3-5x depending on success of initial lens selection)
- 3 & 6-month progress consultation
- Cost of annual supply of lenses
- Refunds:
 - Myopia Baseline Consultation and fitting fees are non-refundable.
 - Lenses can be refunded in full within 30 days of initial fitting. No refunds thereafter.

Atropine Eye Drops

Atropine is an eye drop that typically makes light seem brighter because it makes the pupil (black hole in the middle of the eye) bigger, and blurs near vision because it reduces the ability of the eyes to focus while looking at near. Low concentration (0.05%) atropine has been shown to significantly slow the progression of nearsightedness without increasing pupil size or decreasing near vision dramatically. In a recent large study, only a very small percentage of children complained of problems with low concentration atropine, and glasses can reduce symptoms if your child notices poor reading vision or lights seem too bright.

- Estimated Total Cost: \$1200 + Atropine Drops at \$50/Month (annually)
 Cost Breakdown: 4-6 Appointments at \$200 per visit + \$50/month for drops
**Follow up visits for Atropine Drops are considered a medical exam. We can work with you and your insurance provider to determine the best solution for you. Ask for more details.*
- Treatment Includes:
 - Myopia Baseline Consultation:
 - Progress evaluations throughout the year (every 3 months)

Patient & Provider Agreement:

I understand the risks as indicated above, and I understand that while these treatments are approved by the FDA, they are not approved to slow the progression of nearsightedness. I further understand that there is no guarantee or assurance of any treatment outcome for my child and that these treatments may not slow the progression of nearsightedness.

Regarding the costs of this treatment program, I understand the costs outlined above and agree to pay, in full, the total program fee for my or my child's chosen treatment.

Child's Name (Print): _____

Parent's Name (Print): _____

Parent's Name (Sign): _____

Date: _____

Provider's Name (Sign): _____

Date: _____

Payment Options (OrthoK & MiSight)

- Pay Full Amount OrthoK - \$2,150 _____ MiSight - \$1,550 _____
- Pay \$350 Deposit & Monthly Fee Day to withdrawal payment: 10th ____ or 25th ____

Credit Card Information:

Name on card: _____ Card Number: _____

Exp. Date: _____ Sec. Code: _____

Billing Zip Code: _____