# Myopia Control Treatment Pricing & Agreement

At **Good Life Eyecare** we believe that your child's eyesight is **precious**! We want to help you make the best decisions about your child's eyes so they can keep their sight for life.

At this point, you have received a **recommendation** from Dr. Klute to enroll in our **Myopia Control Program**. You have participated in an **evaluation** to discuss the treatment options and pricing. This document reinforces and further outlines the treatment options, treatment plans, and pricing within our Myopia Control Program. By selecting your treatment option and signing this agreement, we will be able to officially enroll your child and begin their journey to slowing the progression of myopia!

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 years old or until progression slows down.

We are honored to be on this journey with you. Thank you for trusting us with your child's eyesight!

Any questions or concerns can be answered by calling our office at (402) 697-5122.

## **Treatment Options**

## Ortho-K Overnight Contact 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 wearing glasses or contact lenses. During the first two weeks of overnight lens wear, your child will experience changing vision. When the vision gets worse, the child 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 each year thereafter

• Payment plan: \$350 down payment at time of appointment // ten (10) 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

#### **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 1 Day 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

 $\cdot$  Payment plan: \$350 down payment at time of appointment // ten (10) 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 annually (4-6 appointments at \$200 per visit) + ~\$50/month for atropine 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.

#### Treatment includes:

- Myopia baseline consultation
- Progress evaluations throughout the year (every 3 months)

#### **Refunds:**

• Myopia baseline consultation and progress evaluations are non-refundable

• Drops cannot be returned once ordered; however, you can elect to discontinue further shipments when the pharmacy calls every six weeks to confirm the next order

#### 1. Please select the treatment you would like to enroll in.

Ortho-K Overnight Contact		
Lens	o MiSight 1 Day Contact Lens	ငံ Atropine Eye Drops

# 2. If you're enrolling in OrthoK or MiSight contact lenses, please select your preferred payment option.

	$\circ$ Payment plan (withdraw	$\circ$ Payment plan (withdraw
	monthly payment on the 1st day	y monthly payment on the 15th
$\circ$ Pay in full	of each month)	day of each month)

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 or based on the payment plan, the program fee for my child's chosen treatment.

Signature

Date