Pricing Myopia Control: Stop Charging for a Lens and Start Charging for a Program

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If there is one topic that consistently creates discomfort among optometrists offering myopia management, it is pricing.

Photo Credit: Getty Images

Not treatment selection or clinical protocols. Not axial length interpretation.

Pricing.

Many of us were trained in a fee-for-service environment where glasses, contacts and exams were itemized separately. Myopia control disrupts that framework because patients are not purchasing a commodity. They are enrolling in a longitudinal medical program designed to reduce lifetime ocular risk.

Yet many clinics still price myopia control as though they are simply dispensing specialty contact lenses.

That mindset creates three major problems:

1. It undervalues professional expertise
2. It makes profitability inconsistent
3. It confuses parents about what they are actually paying for

The practices succeeding in myopia management today are not necessarily the ones with the newest technology or the largest marketing budgets. They are the ones that have learned how to structure and communicate value clearly.

The Core Principle: Myopia Control Is a Care Model, Not a Product

When the communication around myopia control is done effectively, parents recognize they are not paying for atropine drops, orthokeratology lenses or specialty dual focus contact lenses.

They are paying for:

- Risk reduction
- Clinical oversight
- Ongoing monitoring
- Treatment customization
- Early intervention
- Expertise

This distinction matters enormously.

When practices anchor pricing around products, patients compare costs online. When practices anchor pricing around outcomes and management, patients compare confidence and trust.

That is a completely different conversation.

The Biggest Mistake: Copying Competitor Pricing

One of the most damaging habits in myopia management is setting fees based on what nearby offices charge.

The reality is that your pricing should reflect a number of factors, including but not limited to: your chair time and technology investment, staff training, geographic market, demand and clinical complexity.

Two practices in the same city may appropriately charge vastly different fees because they are delivering different experiences. A boutique specialty clinic with axial length biometry, advanced imaging, care coordinators and extensive education should not price itself like a high-volume optical chain adding MiSight 1 day contact lenses as a side service.

Build Pricing Around the Full Patient Journey

In my experience, the most sustainable model is annual program pricing.

Instead of charging piecemeal for every visit, successful practices often package everything into one fee. Think about things like your baseline consultation, imaging, axial length measurements, follow-up visits, lens fittings, treatment modifications and more. All of this is rolled into one comprehensive annual fee.

Why does this work better? Because it aligns incentives.

The family understands they are entering a managed care relationship. The doctor avoids awkward micro-billing conversations. Staff workflows become simpler. Revenue becomes more predictable.

Most importantly, the discussion shifts away from “Why are these contacts expensive?” to “How are we going to protect my child’s vision long term?”

Stop Underpricing Out of Guilt

This is surprisingly common among optometrists.

Many doctors intellectually understand the value of myopia control but emotionally struggle charging appropriately for it, especially as economic markets fluctuate.

Part of this comes from traditional optometric culture. We are comfortable selling eyewear. We are less comfortable charging for cognitive expertise.

But myopia management is expertise-heavy medicine that has substantial value–far beyond what an annual exam can deliver.

If a parent understands that reducing high myopia may lower future risk of retinal detachment, glaucoma and myopic maculopathy, the conversation changes dramatically. This is why I always lead with the science of myopia and the harm of its progression, rather than the cost of the program. By the time we have finished discussing the pathophysiology of progressive myopia, the parents are eager for a treatment plan.

Underpricing does not make care more noble. It often makes programs unsustainable.

Your Technology Should Influence Your Pricing

Practices frequently invest in the latest technology. Everything from optical biometers and topographers to the latest specialty software and dry eye instrumentation.

The biggest downside: they then fail to account for these costs in their pricing.

If your clinic has invested heavily in objective progression monitoring, your fees should reflect the sophistication of care.

Parents generally perceive advanced diagnostics positively when they are properly explained. In fact, visible technology often reinforces confidence in the treatment plan.

Consider Tiered Pricing Models

One approach that works well is creating tiers based on complexity and monitoring intensity.

For example:

Basic Monitoring Program

- Atropine management
- Scheduled progression checks
- Standard imaging

Advanced Myopia Management Program

- Axial length tracking
- Specialty contact lens management
- More frequent follow-ups
- Enhanced reporting

Premium Comprehensive Program

- Combination therapy
- Unlimited problem visits
- Priority scheduling
- Detailed progress analytics
- Family education consultations

Tiered pricing allows flexibility without commoditizing care.

It also helps families self-select based on perceived value.

Another option that has worked well for me is to stratify cost based on complexity of the treatment. Orthokeratology has the most chair time, especially for the first year, so it gets the highest price tag. In subsequent years, the chair time is reduced, so the annual fee is also reduced.

Something to note: While this pricing structure has been successful in my office, it may not work for everyone. Find the option that fits best for your needs!

Do Not Hide the Total Cost

Transparency matters. One of the fastest ways to erode trust is fragmented billing that surprises parents later.

Families are often more accepting of higher fees than doctors expect, provided that expectations are clear upfront. I recommend putting it in writing and having the parents sign an annual agreement.

Uncertainty creates more resistance than price itself.

Train Staff to Discuss Value Confidently

Many myopia control programs fail financially because the doctor understands the value proposition but the staff does not.

If a coordinator says:

“These are special contacts that slow myopia.”

…the family hears:

“Expensive contacts.”

But if the coordinator says:

“This is a medical management program designed to reduce the rate of your child’s nearsightedness progression and lower long-term eye health risks.”

…the perceived value changes immediately.

Language matters.

Your staff should understand:

- The purpose of treatment
- The structure of the program
- Why monitoring matters
- How to explain fees confidently
- Common parent objections

Avoid Racing to the Bottom

As myopia management becomes more mainstream, some practices will inevitably compete on price.

That is rarely a winning strategy long-term.

Lower pricing attracts price-sensitive patients, while reducing resources available for education, follow-up, technology, staffing and experience.

Meanwhile, premium-positioned clinics often attract families who are highly motivated, compliant and invested in outcomes.

The goal is not to be the cheapest option, but to be the most trusted option.

Measure Profitability, Not Just Revenue

A $2,000 annual program may be less profitable than a $1,200 program if:

- Chair time is excessive
- Staff workflows are inefficient
- Follow-ups are unmanaged
- Remakes are frequent
- Communication is fragmented

Practices should evaluate several factors, including revenue per myopia patient, time per encounter, staff utilization, cost of goods, technology amortization, retention rates and lifetime patient value.

Myopia control can become one of the strongest clinical and financial pillars of a modern optometric practice, but only if it is structured intentionally.

Final Thoughts

Myopia management is one of the few areas in optometry where we can meaningfully alter a patient's long-term ocular trajectory.

That has enormous clinical value.

The practices that thrive in this space will be the ones that stop apologizing for pricing and start recognizing what they truly provide:

Not lenses or drops or gadgets.

Guided medical intervention with lifelong implications.

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