



## REFRACTION SERVICE AND FEE

Refraction is the process of determining if there is a need for corrective eyeglasses or contact lenses. It is an essential part of any eye examination and necessary to write a prescription for glasses or contact lenses.

**Most medical insurance plans, including Medicare, do NOT cover routine refractions or routine eye examinations.** Medicare rules require that we charge separately for that portion of the examination, since it is not a covered service.

If you have a separate **vision plan** that covers routine or annual eye examinations and/or glasses, please let us know. Your vision plan may assist you with your eye care needs that are not covered by your medical plan.

Our office fee for refraction is **\$35.00** and this fee is collected at the time of service in addition to any other non-covered services, deductible, co-insurance and co-payment that your plan may require. Should your plan pay us for the refraction, we will reimburse you accordingly.

### **Patient Acknowledgement**

I have read the above information and understand that the refraction is a non-covered service. I accept full financial responsibility for the cost of this service and understand it is due at the time of service. I understand that any co-payment, coinsurance, or deductible I may have are separate from and not included in the refraction fee. If I do not want the Dr. to perform a refraction as part of my exam, I will let his assistant know. **This form remains in force until I choose to otherwise rescind it.**

\_\_\_\_\_  
Patient Signature (Parent for minor)

\_\_\_\_\_  
Date