



REFRACTION SERVICE AND FEE

Refraction is the process of determining if there is a need for corrective eyeglass or contact lenses. It is an essential part of eye examination and necessary to write a prescription for glasses or contact lenses. It is NOT a covered service by Medicare or any other insurance plan. These plans consider a refraction a “vision” service not a “medical” service. Our office fee for refraction is \$35.00 and this fee is collected at the time of service in addition to any co-payment your plan may require. Should your plan pay us for the refraction, we will reimburse you accordingly.

PATIENT ACKNOWLEDGMENT

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 for and not included in the refraction fee. I understand that my glasses or contact lens prescription will not be released until refraction fee is paid in full.

Patient Signature (Parent for Minor)

Date