

**TO OUR PATIENTS
IMPORTANT PAYMENT INFORMATION
ABOUT REFRACTIONS**

Refraction is the process of determining the eye's refractive error, or need for corrective lenses. However, it is considered a **non-covered** service by Medicare and most insurance companies; thus, it becomes the responsibility of the patient to pay for the refraction portion of the examination. Our fee for the refraction is **\$50.00**, and is collected at the time of your visit, in addition of any co-payments or deductible due for the medical portion of your examination. We will only bill the refraction to your insurance when we are certain that it is a covered benefit.

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. The co-payment and deductible are separate from and not included in the refraction fee.

Print Name

Patient Signature or Parent for Minor

Date: _____