



### **Reimbursement Notification**

Refraction is the optical determination of the best possible eye vision. It is the test done to determine and therefore provide a prescription for glasses. It is also needed to determine if any medical, optical or surgical treatment may be indicated. It is a necessary part of an ophthalmic examination, but it is NOT a covered service by Medicare and some insurance companies. Our office fee for the refraction is **\$48.00** and this fee is collected in addition to any co-payment, co-insurance, or deductible.

### **ACKNOWLEDGEMENT**

I have read the above information and understand that the refraction may be a non-covered service. I accept full financial responsibility for the cost of this service if uncovered by my insurance carrier. The co-payment, co-insurance, and deductible are separate from and not included in the refraction fee.

Please Print Name \_\_\_\_\_ Date \_\_\_\_\_

Patient's Signature \_\_\_\_\_

(Or Guardian)