

“REFRACTION?”



Why do I have to pay?

If you’ve been to the eye doctor you may have heard the phrase, “Which is better: 1 or 2?” This is one of the most important parts of your eye exam: the **Refraction**. That is the part of the exam by which we determine whether you can be helped in any way by a new glasses prescription. It is also how we determine the best possible visual acuity and function of your eye, which is essential information for us to have as we assess your eyes and look for problems. ***A refraction must be performed if you wish to get a new prescription for glasses or to update your current prescription. This is the vision portion of your complete eye exam. Eyeglass prescription will be given.***

However, most **medical insurance companies including Medicare will not cover the refraction portion** of the eye exam even if the patient is being seen for a medical reason. These plans consider refraction a “vision” service not a “medical” service. Unless you are utilizing a separate vision insurance (such as VSP), you will be asked to pay for this service **in addition** to any co-payments, co-insurances or deductibles your plan may require at the time of your visit. As a courtesy and in accordance with our contract with Medicare and commercial insurances, we will submit a bill for the refraction and the accompanying exam to your insurance company. Should your plan pay us for the refraction, we will reimburse you accordingly.

Our fee for the refraction service, including an updated corrective eye glass prescription, is **\$95.00**. We strive to provide accurate refractions. If you are unsatisfied with your refraction, we offer a no-charge recheck visit within the first 90 days of the refraction. (Contact Lens services & supplies are separate)

I have separate Vision Insurance, I will have my Doctor perform my refraction along with my yearly eye exam through my Vision Insurance. (We only accept **VSP**) Please Provide:
VSP ID# _____ PRIMARY SUBSCRIBER NAME & DOB: _____

I CHOOSE TO HAVE my Doctor perform my refraction along with my eye exam for a **\$95.00** fee. (This fee is due at the time of service.)

I CHOOSE NOT to have a refraction for a \$95.00 fee. (Please make sure to tell your eye doctor. In this case, a refraction will **NOT** be part of your comprehensive medical exam. Glass Prescription will not be given.)

I have read and understand the above information:

Patient’s Signature Date

Signature of Responsible Party or Agent Relationship to Patient

