Longview Ophthalmology Associates
3209 N 4th Street; Suite 100
Longview, Texas 75605

Dr. Michael Guillory, MD
Dr. Craig King, MD
Dr. Jonathan Walgama, MD

REFRACTION POLICY

One of the most important parts of an eye exam is the refraction. This is the part of the exam by which we determine whether you can be helped in any way by a new glasses prescription. This test is also how we determine the best possible visual acuity and function of your eye, which is essential medical information for us to have as we assess your eyes and look for problems. **It is NOT a covered service by Medicare and/or most insurance plans. These plans consider refraction a "vision" service not a "medical" service. Our office fee for refraction is $35.00.** This fee is collected at the time of service in addition to any co-payment, coinsurance, or deductible your insurance plan may require. In the event your insurance plan pays us for the refraction we will reimburse you accordingly.

I acknowledge that I have read the above information and understand that the refraction is a noncovered service. I accept full financial responsibility for the cost of service and understand it is due at 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.

______________________________________ ______________________________

Signature of Patient or Patient Representative/Guardian Date

____

Printed Name of Patient or Patient Representative/Guardian

Acknowledgement of Review of Notice of Privacy Practices

A copy of this Notice is located above the water fountain in the reception area for your review.

Our Notice of Privacy Policies provides information about how we may use and disclose protected health information (PHI) about you. By signing this receipt, you acknowledge that you have reviewed [or have been given the opportunity to review] our Notice of Privacy Practices. As provided in our Notice, the terms of our Notice may change. You may obtain a current or revised copy of this Notice by contacting the Office Manager.

Additionally, I authorize Dr. Michael Guillory, Dr. Craig King, and/or Dr. Jonathan Walgama's office/staff (d/b/a Longview Ophthalmology Associates) to release my PHI to the following persons or companies:

Name	Relationship	Phone Number

_______________________________________ ______________________________

Signature of Patient or Patient Representative/Guardian Date

____

Printed Name of Patient or Patient Representative/Guardian