

THE EYE CLINIC
F. PAYDAR, M.D.
Board Certified Ophthalmologist

401 S. Calvary Way, Ste. D
Cottonwood, AZ 86326
PH: (928) 649-2600
FAX: (928) 634-7847

2155 W. ST RTE 89A, Ste. 106
Sedona, AZ 86336
PH: (928) 203-9600
FAX: (928) 203-9601

6446 State Route 179, Ste. 209
Sedona, AZ 86351 (VOC)
PH: (928) 284-2459
FAX: (928) 284-2691

REFRACTIVE EXAM ACKNOWLEDGEMENT

*To be completed **for all Medical Insurance** other than Medicare*

Patient Name: _____

A Refractive Exam, also known as a Refraction is done to determine a new/updated prescription for glasses and or contacts. A refractive exam is vision related, so most medical insurances will not cover the service. Medical insurances deem this service as “***Not Medically Necessary,***” therefore it is an **optional service**. If services are declined your **current prescription will not be renewed** expiring 1 year after the issued date. If services are rendered there will be a \$40.00 fee for the refractive exam, due at time of service. In the event insurance is billed, you will be responsible for the \$40.00 fee if services are denied. If you have vision coverage it is your responsibility to provide that information at check in. We cannot double bill medical and vision insurance for the same date of service. A separate appointment will need to be made for the refractive exam at a later date and time.

Your signature below is **only an acknowledgment** that you have read and understand the fee associated with a Refractive Exam, **not** a consent for services.

Signature

Date