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## Refraction Service and Fee

A refraction is the process of determining the prescription you will need to obtain corrective eyeglasses or contact lenses. If a refraction is not performed, a prescription for glasses or contact lenses cannot be provided to you.

Most medical insurance plans, including Medicare, **do not pay** for all of your health care costs, **including the cost of performing a refraction**. Medical insurance, including Medicare, only pays for "covered" benefits. Some items and services, such as refraction, are not considered "covered" benefits, and neither medical insurance nor Medicare will pay for them.

If you have a vision insurance plan in addition to your medical insurance, your plan will cover the cost of refraction when you have a vision/routine eye exam. Often, vision insurances will cover the cost of refraction even if the remainder of your examination is billed as a medical exam (for example, to evaluate glaucoma or macular degeneration, or to undergo a diabetic eye exam). However, some plans, such as Eyemed and Superior, will only cover the cost of refraction if a vision exam is billed (they will still give a benefit toward the cost of glasses or contact lenses).

When you receive an item or service that is not covered by medical insurance, Medicare, or vision insurance, you are responsible to pay for it personally or through other insurance that you may have. Our office fee for a refraction is \$30, and this fee is collected at the time of service in addition to any copayment your medical or vision plan may require. Should we receive payment for your refraction from your insurance plan, we will reimburse you accordingly.

If you are having a medical exam performed today but also wish to update your glasses or contact lens prescription, and if your vision insurance will not cover the refraction because you are having a medical exam, you have the option of having only the medical portion of your visit completed. This will be billed to your medical insurance. You may then make another appointment to return for a refraction so that the refraction can be billed to your vision insurance.

\_\_\_\_ Yes, I wish to have a refraction performed today and will pay the \$30 fee if applicable.

\_\_\_\_ No, I do not wish to have a refraction performed at today's visit.

### Patient Acknowledgement

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 and understand it is due at the time of service.

I understand that any copayment, coinsurance, or deductible I may have is separate from and not included in the refraction fee.

\_\_\_\_\_  
Patient Signature (Parent for minor)

\_\_\_\_\_  
Date