



The difference is clear!

Refraction Service and Fee

A refraction is the test done to determine your 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**. Some items and services, such as refraction, are not considered "covered" benefits, and neither medical insurance nor Medicare will pay for them.

If you are having a medical exam performed today but also wish to update your glasses or contact lens prescription, you have the option of having only the medical portion of your visit completed which 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. Your vision insurance usually covers 1 exam with refraction per year.

If you do decide during your medical exam today that you would like a current prescription for glasses or contact lenses, you will be charged the \$45 refraction fee.

_____ Yes I would like a refraction done today and I understand I will pay the \$45 fee today

_____ No I do NOT want a refraction done today

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