

## Refraction Notice

**(Please read this entire notice carefully prior to signing.)**

The purpose of this notice is to inform you of an eye test that may be performed on you today that is called "Refraction". We believe it is important for you to clearly understand what the purpose of this test is prior to it being performed.

Your insurance does **not** pay for all of your health care costs. Your insurance company only pays for "covered benefits." Some items and services are not considered benefits and will not be paid for

When you receive an item or service that is not an insurance benefit, **you are fiscally responsible for it**, personally or through any other secondary insurance that you may have

The CMS (Centers for Medicare Services) benefits guide specifically excludes this service, as **it is not considered a medical procedure, and the majority of private insurance companies follow this position.**

- A refraction is the process or examination of the eyes to determine their ***best corrected vision***
- From a *standard of care* perspective, a refraction is considered a critical portion of an eye exam, for adults and especially children (**a refraction is a required part of the Illinois mandated Kindergarten school exam.**)
- **The refraction does not include a contact lens fitting, or any components of the evaluation of contact lenses; this is a separate procedure.**

**The approximate charge for refraction is \$67.00**

*Valid until your next routine comprehensive eye exam*

By signing this form you are simply acknowledging receipt of this notice; this cannot be deferred:

\_\_\_\_\_  
Patient Name (printed)

\_\_\_\_\_  
Patient Signature (or legal guardian)

\_\_\_\_\_  
Date

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