

REFRACTION SERVICE & CONTACT LENS FEE

Refractions are performed as a part of ALL of our comprehensive eye evaluations (Complete eye exam, new patients, and/or whenever a patient’s vision is less than 20/20).

If you have any questions and/or concerns please speak to a Technician, Dr. Hewitt, Dr. Parè or Dr. Rayudu.

REFRACTION FEE - \$35.00

A Refraction is the procedure in which we determine the best corrected visual acuity of each eye for purposes of medical evaluation and/or for prescribing glasses, contact lenses or corrective surgery.

The term “refraction” refers to how light waves bend as they pass through your eye, cornea, and lens. A Refraction is necessary to determine visual function and is important in making sure that serious underlying eye problems do not exist.

Our fee for this service of \$35.00 is due and payable at the time of service. This fee is in addition to any co-payment or deductible your plan may require.

CONTACT LENS FEE - \$35.00

If you wear contact lens, and want to renew your prescription, there is a \$35.00 charge in addition to the fee for the standard Refraction service.

PATIENT ACKNOWLEDGEMENT

I have read the above information and understand that the refraction and contact lens renewal are services that are not covered by insurance. I accept full responsibility for the cost of this/these service(s), and I understand the payment is due at the time of service. I understand that any co-payment, coinsurance, or deductible I may have are separate from and does not include these fees.

Patient Signature

Date

NOTICE TO PARENTS/GUARDIANS

For an eye exam on younger patients, there may or may not be a medical diagnosis discovered in the course of the examination to code for your insurance. Oftentimes, the diagnosis for a healthy young person is solely refractive error (need for glasses), a diagnosis that some insurance companies equate with routine eye coverage. We will file with your insurance; however, we are not on any vision service plans. If your insurance does not cover routine eye care through your medical coverage, they may deny the exam, making you responsible for the total cost of the exam.

I understand that my child’s visit may not be covered under the terms of my insurance and that I may be responsible for the total cost of the exam.

Patient Signature

Date