



OFFICE USE ONLY:

Name: _____

Date: _____

Acct: _____



REFRACTION POLICY

- Refraction is the process of determining if your vision could be corrected with glasses or contact lenses. It is the part of the exam when the doctor asks if you like lens "one or two".
- It is an essential part of a complete eye examination and may be required for diagnostic purposes.
- Unfortunately, this is **NOT** a covered service by **Medicare, Secure Horizons** and some other private insurances. If you have private insurance, we will file to your insurance, HOWEVER if it is not paid, you will be responsible **IN FULL**.
- **Our office fee for refraction is \$30.**
IF YOU HAVE MEDICARE OR SECURE HORIZONS, YOU WILL HAVE TO PAY THIS AT THE TIME OF SERVICE.

ACKNOWLEDGEMENT (Please sign below.)

I have read the above information and understand the refraction policy. I understand that refraction is a **non-covered service for Medicare and some other private insurance plans.** I understand that it MAY NOT be covered by my health insurance. If my insurance does not cover refraction, it will be my responsibility to pay the refraction fee. If a refraction is done, you will be charged regardless of whether or not I elect to receive a glasses prescription.

Patient Signature (Parent for minor)

Date

CONTACT LENS EXAM POLICY

- A contact lens exam involves measurements and fittings to fit contact lenses to a patient's eyes. This is a separate exam and process from getting a glasses prescription.
- A patient wanting to have a contact lens exam **MUST** first have a **current glasses refraction performed at LaserCare Eye Center.**
- Unfortunately, Contact lens exams are **NOT** a covered service by Medicare, Secure Horizons or some private insurance plans. Typically, contact lens exams are covered under Vision Insurance. We accept only select Vision Insurance plans. If you wish to have a contact lens exam, please inform us immediately at check-in so that we can verify your insurance benefits.
- Our office fee for a contact lens exams **starts at \$99.**

IF YOU WISH TO USE YOUR VISION INSURANCE YOU MUST PRESENT YOUR CARDS AT CHECK IN. IF YOU FAIL TO REPORT VISION INSURANCE AT CHECK IN, YOU WILL BE RESPONSIBLE FOR THE VISIT IN FULL. NO EXCEPTIONS.

ACKNOWLEDGEMENT (Please sign below.)

I have read the above information and understand the contact lens exam policy. I understand that Medicare, Secure Horizons and some private Insurance plans do not cover this service. I also understand that if I do not have vision insurance OR if any portion of this visit is not covered by my vision insurance, it is **my responsibility to pay for all services provided.**

Patient Signature (Parent for minor)

Date

OFFICE USE ONLY:

Tech asked patient if glasses prescription needed:

YES NO

TECH: _____

Tech asked patient if contact lens exam needed:

YES NO