



NORTHSIDE VISION

### REFRACTION POLICY

A "refraction" is a test used to determine the best vision your eyes are able to achieve. For healthy eyes, best corrected vision is generally 20/20. Poor vision can indicate a serious medical problem or can be due to a simple refractive error (e.g., nearsightedness). As part of your medical exam today we will test your distance visual acuity with your glasses, and if your vision is less than 20/25, we may need to perform a refraction to determine your best corrected vision. Unfortunately, Medicare and many medical insurance plans do not cover the cost of the refraction. These plans consider the refraction a separate non-covered medical service and require that it be billed to the patient. Our **standard fee for a refraction is \$49 when paid at the time-of-service**. This fee is collected in addition to any medical co-payments your insurance requires. If you choose to be billed for the service and pay at a later date, the fee is \$70 .

#### Please Select One Option By Signing Below

##### OPTION 1: ACCEPT REFRACTION

I would like to have a refraction today as part of my exam—even if not medically necessary.

Yes: I will pay **\$49** today for the refraction -OR-  Yes: Please bill me **\$70** for the refraction

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

OR

##### OPTION 2: ACCEPT REFRACTION – ONLY IF MEDICALLY NECESSARY

I would like to have a refraction today as part of my exam—only if medically necessary.

Yes: I will pay **\$49** today for the refraction -OR-  Yes: Please bill me **\$70** for the refraction

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

OR

##### OPTION 3: DECLINE REFRACTION

I decline the refraction service today. I understand that without the refraction, the doctor may not be able to fully assess the health and function of my eyes and I will not receive a new prescription for glasses.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_