

**Refraction Policy
(Prescription for Eyeglasses)**

CMS (Centers for Medicare and Medicaid Services) regulations that prohibit Medicare from paying for the diagnostic test of refraction, also mandate that the provider of the refractive service must charge the patient for a non-covered service. The physicians and staff of Community Eye Care believe that the diagnostic test of refraction is very important in not only determining the patients refractive state for glasses but also in determining certain medical eye conditions such as glaucoma, diabetic retinopathy or cataracts.

Refraction is the process of determining the eye's refractive error, or in determining the need for corrective glasses and/or contact lenses. Refraction may be necessary depending on the patient's diagnosis and/or condition or complaints presented that day. Blurred vision or a decrease in visual acuity may require a refractive service to determine if your symptoms are due to the need for glasses or a change in your current prescription or are symptoms due to a medical problem.

Medicare, Medicaid and most health insurances DO NOT cover refraction. These plans consider refraction a "vision" service, not a "medical" service. These plans allow or even mandate that we charge separately for that portion of the examination since it is not a covered service.

The charge is \$45.00 for refraction. This is in addition to the office visit copay and /or deductible which is set by your insurance carrier. The refraction charge is due at the time services are rendered. We will bill your insurance according to the individual contracted fee schedules. However, if your insurance pays the fee, we will gladly refund you this prepaid \$45.00 amount upon receiving notice from your insurance plan.

After the refraction is performed, the prescription will be given to you with the expiration date of 12 or 24 months. The expiration date is listed on the prescription and should be followed by any and all optical shops and opticians. In the event you feel the prescription is incorrect or may have changed, you will have 90-days from the date of the refraction to come back to have the refraction rechecked before another charge occurs.

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. The copay and deductible are separate from, and not included in the refraction fee. I understand that I am responsible for this fee if I fail to decline this service before it is performed.

_____ Date of Birth: _____
Print First and Last Name

_____ Date: _____
Patient Signature (Parent for minor)