



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 \$40 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 \$60.

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 \$40 today for the refraction -OR- Yes: Please bill me \$60 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 \$40 today for the refraction -OR- Yes: Please bill me \$60 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: _____