

Dear Patient,

Please be advised that your insurance **may not** pay for the “refractive” portion of your eye exam. This is the portion of the exam that determines whether or not you need to wear glasses or need a change in your glasses prescription. Many insurances consider this a “non-covered” service.

Your insurance will only pay for the “medical” portion of your eye exam (except for the normal deductibles and co-payments which are your responsibility).

As a result, we are now required to charge you for the refractive portion of your exam. This is a nominal \$40.00 fee. **If you are refracted today, you will be asked to pay this \$40.00 fee if your insurance does not cover it.**

Please be reminded that this fee is in addition to the normal deductibles and co-pays that your insurance company always requires for the medical portion of your exam.

If you have any questions about this policy, please be certain to ask one of our staff members or call your insurance company.

Thank you for your understanding.

Print Patient Name

____/____/____

Date of Birth

Signature

____/____/____

Date