

REFRACTION POLICY

Effective 9/01/2022

One of the most important parts of an eye exam is the REFRACTION - The part of the exam where we determine whether you can be helped in any way by a new glasses prescription. It is also how we determine the best possible visual acuity and function of your eye, which is essential medical information for us to have as we assess your eyes and look for problems. It is NOT a covered service by Medicare and many other Medical Insurance plans. These plans consider Refraction a “Vision” service not a “Medical” service. Our office fee for Refraction is \$41.00. This fee is collected on the date of service in addition to any co-payment your plan may require. Should your Medical Insurance pay for the Refraction, we will reimburse you accordingly.

If you have a separate Vision Plan and your exam today is a medical eye exam (i.e. you have a medical condition with the eyes that requires medication, treatment, and management), you may choose to return on a separate day to take advantage of your Vision Plan and avoid paying the Refraction fee. If you wish to have both services done on the same day, we will bill your Medical Insurance for the exam but will need to collect the Refraction fee out-of-pocket. We cannot bill a Medical Insurance and Vision Plan separately for the same visit on the same day.

If you have a separate Vision Plan and your exam today is a non-medical vision health check (i.e. your only visual problem or eye health issue, if any, is needing glasses and/or contact lenses), your Refraction will be covered by that plan.

Please Check One Of The Following:

 I would like the Refraction performed today. I accept full financial responsibility for the cost of this service and understand it is due on the date of service. I understand that any co-payment, coinsurance or deductible I may have are separate from and not included in this fee.

 I have a Vision Plan separate from my Medical Insurance and only want the Refraction performed if it is covered by my Vision Plan. I understand that, depending on my complaints, eye health, & diagnosis, I may need to return on a separate day to take advantage of my Vision Plan paying for the refraction.

 I decline the Refraction for today. I understand that without Refraction, MediVision may not be able to fully assess the health and function of my eyes, nor will I be able to purchase, or receive a prescription to purchase, new glasses and/or contact lenses.

I have read and understand the above information.

Signature _____ Date _____

(If you have any questions about the Refraction and why it should or should not be performed during your visit, one of our Technicians will be glad to answer those questions once the examination starts)