

2377 LENORA CHURCH ROAD SNELLVILLE, GEORGIA 30078 770.979.2020 CARLINVISION.COM

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Pt. Name		
Date		
For office use:		
Chart #		

Dear Insurance Patient:

You are scheduled to have a complete eye examination today which consists of two parts:

- <u>Refraction</u> determines the lens prescription you need for glasses or contact lenses
- <u>Medical Exam</u> checks for diseases such as cataracts, glaucoma, retinal and other systemic diseases that may affect your eyes.

One of the most important parts of your eye exam today is the <u>refraction</u>. That is the part of the exam by which 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 insurance plans. These plans consider a refraction a "vision" service not a "medical" service. Our office fee for refraction is \$49 and unless your plan automatically covers the refraction charge, this fee is collected at the time of service in addition to any co-payment your plan may require. Should your plan pay us for the refraction, we will reimburse you accordingly.

$\ \square$ I have read the above information and understand that the refraction	on is a non-covered service.
☐ I <u>accept</u> full financial responsibility for the cost of this service and undunderstand that any co-payment, coinsurance or deductible I may have a in the refraction fee.	
Patient Signature	Date
☐ I <u>decline</u> the refraction service today. I understand that without the reto fully assess the health and function of my eyes.	efraction the doctor may not be able
Patient Signature	Date

NOTE: Contact lens wearers <u>MUST</u> have a complete eye exam (includes both the medical exam and refraction) to receive a NEW contact lens prescription.