CARLINVISION
Advanced eye care with a home-town touch
2377 LENORA CHURCH ROAD
SNELLVILLE, GEORGIA 30078
770.979.2020
CARLINVISION.COM
FACEBOOK.COM/CARLINVISION

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:

● ***Refraction*** — determines the lens prescription you need for glasses or contact lenses

● ***Medical Exam*** — 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 **refraction.** 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 $59 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.

☐ **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 and understand it is due at time of service. I understand that any co-payment, coinsurance or deductible I may have are separate from and not included in the refraction fee.

Patient Signature _____ Date _____

☐ 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.

Patient Signature _____ Date _____

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