

PLEASE BE AWARE OF THE FOLLOWING SERVICES YOUR

INSURANCE COMPANY MAY NOT COVER:

REFRACTION

A refraction may be done to determine if your vision can be improved by using prescription lenses. A refraction is considered by Medicare to be a **vision** test rather than a **medical** test, therefore they do not cover this charge. Most secondary/commercial insurances do not cover this charge either. The fee for this service is \$17.50.

CONTACT LENS FITTING/EVALUATION

A **contact lens fitting/evaluation** has a **separate charge** from the routine exam. Contact lenses are medical devices that must be fitted to the individual, including measurements of the shape of the eye, fitting of the contacts, insertion, removal and care instruction. Even if you are a current contact lens wearer, a contact lens evaluation may be done to ensure the lens continues to fit properly and to update the prescription. Most insurance plans do not cover this service. The fee for this service ranges between \$30.00 and \$120.00, depending upon the level of complexity of your fitting and the type of lens you are fit with. Although trial lenses are often used to do the initial fitting, your supply of contact lenses is not included in this fitting fee.

*Some vision insurance plans under Vision Service Plan or EyeMed insurance have an allowance that may pay towards a contact lens fitting.

I have read and understand the above statements.

Patient Signature
(or someone authorized to sign for patient)

Date