

## REFRACTION

### *Patients Please Read*

A refraction is a measurement that determines the best vision your eyes have. Medicare and other forms of insurance do not consider a refraction to be part of a comprehensive exam. Medicare will not pay for this service. Your secondary coverage will not cover it if Medicare does not. Regular insurance or vision insurance may cover this but if Medicare is your primary insurer then you will have no coverage for a refraction.

A refraction is still necessary if you want a new pair of glasses or contacts or if you need to determine what your best vision is. Determining your best vision is the only way to begin an evaluation of your eye health, so we have to check vision with glasses and if it is not 20/20 or if you want an new eyeglass prescription then we have to perform a refraction.

We perform a refraction using any of several precise and highly technical instruments as well as the expertise of our certified ophthalmic assistants and our physicians. This requires more of our time, expense and effort.

Medicare considers this a non-covered service but they still allow us to charge and be paid for non-covered services. We cannot and will not perform this procedure for free. The charge for this service is \$33.00.

You have the option of agreeing to this refraction charge as part of your check-in process. If it is a necessary part of your exam today then we will perform it and you will be asked to pay this at check-out. Your signature today signifies your understanding of this.

If you do not agree to this then we will understandably be unable to care for you today. You will need to seek care elsewhere unless you are having a true emergency. If you consider this exam an emergency then please see our front desk and they will have a technician and then a physician evaluate you shortly.

I hope this helps you to understand the reason for the refraction charge.

Thank you,



William A. Branner, M.D., President