

Financial Agreement

Payment of Non-Covered Services

The REFRACTION is a non-covered service for insurance companies. The refraction is a diagnostic test used to determine the amount of corrective lens power required to obtain your best vision. Results of this test are utilized for eye glass prescriptions or to provide measurements for the lens power inserted during cataract surgery. The information provided by the refraction helps the doctor to make accurate medical decisions for your vision care. The refraction fee is \$19. Without the refraction, we are unable to provide you with a prescription for glasses.

The CONTACT LENS EVALUATION or RE-EVALUATION is a non-covered service for insurance companies. Any patient requesting contact lenses from us must have an evaluation. The fee includes taking the proper measurements of your eye to determine what lens fits you best, and follow up visits for contact lens checks during the fitting process. A contact lenses prescription will be finalized when the examination/fitting process is completed.

Contact Lenses Assessment Fees must be paid the day of your exam before any contacts lenses are dispensed.

Fits and Assessment Fees:

Basic Spherical/Toric Assessment	\$30.00
Specialty Toric Assessment	\$50.00
Multifocal/Monovision Assessment	\$50.00
RGP/Scleral Assessment	\$50.00
Multifocal/Monovision/RPG Fit	\$75.00
Medically Necessary Sclerals/Specialty Lenses	\$250.00
First Time Fit Contact Lens Insertion/Removal Class	\$100.00

I acknowledge that I have been informed of the following:

- Known non-covered services are due and payable at the time of service.
- It is my responsibility to advise the technician or doctor if I do not want a non-covered service before it is provided.
- Insurance may not pay for all services in full. I may have a co-pay amount or a co-insurance amount due at the time of service or after insurance processes my claim, and I will be responsible for payment.
- I must provide a correct copy of my insurance card at the time of service. If I fail to do so and filing limit passes, I will be responsible for all charges for services rendered.
- I must provide the office with information regarding any specific vision insurance prior to being seen by the doctor so that an authorization can be obtained. I understand that an authorization to utilize vision insurance is required from the vision insurance company and cannot be obtained after being seen. I understand that a medical diagnosis requires submission of my claim to my medical insurance rather than to my vision insurance.

This consent will remain in effect until revoked by the patient/guarantor in writing.