**Refraction Coverage & Consent**

**New Jersey Eye Center**

 Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A refraction is the test that is performed to determine your eyeglass prescription.  A refraction may be performed by either the doctor or a technician, and typically involves questioning along the lines of, “Is 1 better than 2?”  Medicare and many other insurance plans consider a refraction to be routine care not covered under their medical benefits.  The amount of **$40.00** is charged separately and is paid directly by the patient.

**Please Note:  Eyeglass prescriptions cannot be written without a refraction.  If you would like a prescription for contact lenses, there may be additional fees that may or may not be covered by your insurance.**

Refraction fees are due at the time of service. New Jersey Eye Center will send a claim to your insurance company.  If your insurance company pays us for the service, New Jersey Eye Center will refund you the **$40.00.**

If you would like to know if your insurance company covers the refraction fee, please call your carrier for more information.  If you DECLINE the refraction, please tell the doctor or technician beforehand.

Routine eye exams will only be billed to your vision carrier.  If you have a medical policy that covers a routine exam once yearly, you must make the front desk aware.  If your visit is billed and denied for non-routine coverage, you will be billed in full for the visit.

Medical Plans will be billed for all medically reportable issues found during your exam.

If you have any questions about your refraction, please feel free to ask the technician or the doctor.

**\_\_\_\_\_Accept                   \_\_\_\_\_Decline**

Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Technician Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_