Patient Name: ______________________________

DOB: ____________________ MR #: ____________________

# REFRACTION CONSENT

Planned procedure: Refraction
Test Cost: $125.00 (non-covered service)

**What is a Refraction?** - A refraction is an important measurement that determines the best potential vision of your eyes. **Today's Refraction will be good for 90 days.**

**Why is this necessary?** - It is necessary to perform a refraction to determine whether eye diseases or refractive errors are responsible for your current visual acuity. A refraction is performed at a new patient visit, an annual visit, a cataract consultation, or anytime there has been a change or decrease in your vision.

The purpose of this notice is to help you understand that it may be necessary to have tests performed during the course of your treatment that may or may not be covered by your insurance. Due to the nature of your presenting symptoms/problems it is vital that the physician perform these tests to accurately diagnose or determine a treatment plan.

· Insurance does not pay for all of your health care costs. Your insurance only pays for covered benefits. Some items and services are non-covered benefits and your insurance will not pay for them.

· When you receive an item or service that is not a covered benefit, you are responsible to pay for it.

I have been informed of the charges and payment terms for my planned procedure and agree to these terms and conditions.

Patient Signature: ______________________________ Date: ______________
Parent/Legal Representative: ______________________ Date: ______________
Fee information given and confirmed by ______________ Date: ______________

NOTE: Your health information will be kept confidential. Any information that we collect about you on this form will be kept confidential in our offices. If a claim is submitted to your insurance carrier, your health information on this form may be shared with them. Your health information which your insurance carrier sees will be kept confidential by your insurance carrier.