Pasadena EYE CENTER

Refraction

(Please read, sign and date below)

1. **What is a refraction?**

   Refraction is the process of determining the need for corrective glasses and/or contact lenses.

2. **Why is it sometimes necessary?**

   Refraction is sometimes necessary depending on the patient's diagnosis and/or complaints presented. **For example, if a patient is experiencing blurred vision or a decrease in vision on the eye chart, a refraction would be needed to see if this is due to a need for glasses or due to a medical problem. A refraction is also necessary to prove to insurance the need for cataract surgery.** We must prove that your vision cannot be simply improved with a glasses prescription. As you can see, a refraction is an essential part of an eye exam; however, Medicare and most insurance companies DO NOT cover the charge for a refraction.

3. **Will I be notified in advance if I need it?**

   Yes, **ONLY** the doctor or a technician is qualified to tell you if this procedure is necessary. They will let you know if this procedure is necessary **BEFORE** it is done. You will be given the option to accept or decline this service. **It is important to understand that if you decline, we may not be able to determine the cause for your decrease in vision.**

4. **How much is the procedure?**

   Our office policy is to charge **$30.00** for this procedure in addition to the office visit copay and/or deductible. Payment is due at the time services are rendered. We will bill your insurance according to the individual contracted fee schedules. If your insurance pays the fee, we will gladly refund you this prepaid **$30.00** amount once we receive payment from your insurance.

Note: This fee is due and payable **whether or not** you receive a written glasses prescription. Sometimes the change in vision is not significant enough to warrant the cost of purchasing new glasses. However, the fee covers the doctor's and technician's time and effort in achieving this process.

Acknowledgement

I have read the above information and understand that the refraction is a non-covered service. I accept full financial responsibility for the cost of this service. I understand the copay and deductible are separate from, and not included in, the refraction fee.

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Patient Signature (Parent of Minor) Date