



Notice of Refraction Fee

Dear Patient:

Refraction is the process of determining the eye's refractive error, or need for corrective spectacle and/or contact lenses. It is an essential part of an eye examination, but Medicare and most private insurances do not cover this service. Our office fee for routine refraction for eyeglasses and/or contacts is \$39.00, and this fee is collected in addition to any copayment.

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. My co-payment is separate from and not included in the refraction fee.

Patient Signature (parent if minor) _____ Date _____

Print Name _____