

NOVA CENTER FOR EYE CARE

IMPORTANT PAYMENT INFORMATION

REFRACTIONS

Refraction is the process to determine the proper prescription for glasses and/or contact lenses (vision part of the exam). It is an essential part of an eye examination, but is considered an uncovered service by Medicare and most medical insurers. Therefore, it is the patient's responsibility to pay for the refraction portion of the examination. Our office fee for refraction is \$ 60.00. We collect this fee at check-out time in addition to any co-payment due.

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

Patient Signature (or Parent for Minor)

Date

Print Name