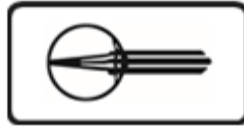


Tysons Corner

8150 Leesburg Pike  
Suite 909  
Vienna, Virginia 22182  
Phone: (703) 790-1780  
Fax: (703) 734-0491

Northern Virginia  
**Center for Eye Care**



Fairfax/Merrifield

3020 Hamaker Ct  
Suite 503  
Fairfax, Virginia 22031  
Phone: (703) 698-2020  
Fax: (703) 698-7043

**IMPORTANT PAYMENT INFORMATION**

**REFRACTION**

**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 the examination but is considered a **non-covered** service by Medicare and most medical insurance companies. Therefore, it is the patient's responsibility. **Our office fee for the refraction is \$60.00.**

**We will collect this fee today in addition to any co-payment.**

I have read the above information and I accept full financial responsibility for the cost of this service.

\_\_\_\_\_  
Patient Signature (or Parent for Minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name