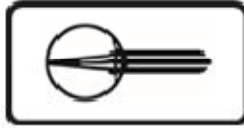


Northern Virginia
Center for Eye Care



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 \$70.00.**

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