

T&KEI

TERRY & KIM EYE INSTITUTE

Advancing Eye Care with Research and Compassion

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Patient Name: _____

Dear Patient: This is important information regarding your **PPO insurance** regarding refractions (*vision portion of exam*):

INFORMATION AND CONSENT FOR REFRACTION

Our optometrist performs a refraction in order to determine the best eyeglass prescription. Refraction is necessary not only to give you a prescription but it is used to diagnose various medical conditions. A prescription is issued by the optometrist when the examination is completed.

Unfortunately, your medical insurance company may or may not cover this necessary portion of your comprehensive examination. Any uncovered services are the financial responsibility of the patient, and the usual and customary charges are \$60.00. Our office will bill your insurance and will not be asked for payment at the time of service, however if your PPO insurance does not cover the cost of the refraction you will receive a bill from our office.

I agree to have the refraction exam and have the office bill my PPO insurance.

Patient signature

Date

I decline to have the refraction exam today.

Patient signature

Date