

T&KEI

TERRY & KIM EYE INSTITUTE

Advancing Eye Care with Research and Compassion

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Comprehensive Eye Care

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ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)

PATIENT NAME: _____

Dear Patient: If you are a MEDICARE beneficiary, there is important information below regarding refractions (Vision portion of exam):

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, Medicare does 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. We will collect the \$60.00 today.

I *agree* to have the refraction exam and pay \$60.00 today.

Patient signature

Date

I *decline* to have the refraction exam today.

Patient signature

Date