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**TERRY & KIM EYE INSTITUTE**

Advancing Eye Care with Research and Compassion

**Clifford M. Terry, MD**

Comprehensive Eye Care

**Matthew H. Kim, MD**

 Cornea, External Diseases, &  
 Refractive Surgery Specialist

**Igor Bussel, MD**

 Glaucoma & Anterior  
 Segment Specialist

**MaryAnne Marcolivio, OD**

 Family Eye Care &  
 Contact Lenses

Patient Name: \_\_\_\_\_

Dear Patient: If you are an ***HMO plan member***, there is important information below 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. We are happy to provide you with a receipt of this test to see if your insurance company will reimburse you for the test.

**I agree to have the refraction exam and pay the cost as noted above today.**

 \_\_\_\_\_  
 Patient signature

 \_\_\_\_\_  
 Date

**I decline to have the refraction exam today.**

 \_\_\_\_\_  
 Patient signature

 \_\_\_\_\_  
 Date