

Patient Account #: _____



2601 Far Hills Ave.
Dayton, OH 45419
(937) 298-1703

One of the most important parts of your eye exam today is the refraction. That is the part of the exam by which we determine whether you can be helped in any way by a new glasses prescription. It is also how we determine the best possible visual acuity and function of your eye, which is essential medical information for us to have as we assess your eyes and look for problems. It is NOT a covered service by Medicare and many other insurance plans. These plans consider a refraction a “vision” service not a “medical” service. Our office fee for refraction is \$30.00 and unless your plan automatically covers the refraction charge, this fee is collected at the time of service in addition to any co-payment your plan may require. Should your plan pay us for the refraction, we will reimburse you according.

_____ I have read the above information and understand that the refraction is a non-covered service. I accept full financial responsibility for the cost of this service and understand it is due at the time of service. I understand that any co-payment, coinsurance or deductible I may have are separate from and not included in the refraction fee.

_____ I decline the refraction service today. I understand that without the refraction, Dr. Kunesh may not be able to fully assess the health and function of my eyes.

Patient Signature

Date

Patient Name (Please print)