



Peninsula Eye Physicians

Patient Name: _____

D.O.B.: _____

Refraction

A refraction is done to determine whether you are nearsighted, farsighted, have astigmatism and whether glasses are necessary or need to be changed. This is a very important part of a complete eye examination, especially in children who may have amblyopia (lazy eye), strabismus (crossed eyes), who are less than 5 years old, or who have failed a vision screening examination. Most importantly, it will determine how well you see and if you need glasses or other treatment. Please be aware that your insurance company may not cover the refraction. **Our charge for the refraction is \$80.00, which is due at the time of the visit.** If you have Vision Service Plan (VSP), this charge *may* be covered. *If your child is a contact lens wearer, the refraction is necessary in order to renew their prescription.* If your child is on low dose atropine drops, the refraction is needed every 6 months. **(Please see a copy of the AAPOS policy statement at the front desk for further explanation regarding refractions in children.)**

Coordination of Benefits

For patients who have both vision insurance (such as VSP) and medical insurance, we may bill one or both plans. We will bill only the vision plan for strictly routine vision exams (most common in older kids/adults) where the patient has no complaints, no family history of eye disease or just needs new glasses or contact lenses and no medical eye issues are discovered on the exam. The vision plan does NOT cover evaluation or treatment of non-routine eye conditions such as amblyopia, strabismus, progressive myopia, blepharitis, conjunctivitis, eye allergy, injuries, blocked tear ducts, cataracts, glaucoma, infections, or other health-related complications. If you have a pre-existing medical condition or you are diagnosed with any medical eye conditions during your visit, your medical insurance will also be billed. Medical eye care may or may not involve the prescription for glasses (treating amblyopia, double vision, strabismus etc.) but the refraction still needs to be performed. You are responsible for any copayments or deductibles your insurance mandates. **The vision plan does not always cover the refraction if a medical code needs to be billed.**

I have read the above and understand that both my vision plan and my medical insurance may be billed.

Financial Policy

As a courtesy, we will bill your insurance for your visit. To do so, we must have all current insurance information provided to us before services are rendered or payment in full is required. *It is essential that you understand your insurance plan and how it is administered.* We will not mediate any disputes between you and your insurance company regarding eligibility, deductibles, co-payments, covered and non-covered charges, etc. You are fully accountable for charges that result if your claims are denied for non-covered benefits, lapsed benefits, time restrictions or failure to get proper referrals and/or authorizations for the visit.

Cancelation Fees: We reserve the right to charge for appointments missed or canceled without advance notice of at least two full business days. This charge is \$75 per child.

I certify that all the information given is true and correct. I authorize the release of any medical information necessary to my health plan. As stated in the Financial Policy, I accept full responsibility for all charges related to my medical treatment.

Signature of patient, or parent/legal guardian

Date