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DIAGNOSTIC REFRACTION TESTING Non-Covered Service Policy

A *REFRACTION* is a diagnostic test used by your doctor to determine the cause of decreased visual acuity. It is done routinely to diagnose the need for a change in prescriptive eyewear, to determine the need for surgery (e.g. Cataract), and to rule out eye diseases as the cause of diminished vision.

Most insurance companies, including Medicare and HMO's, **DO NOT PAY** for this diagnostic test. It is considered a Non-Covered Service for which the patient is responsible for payment.

The fee for this test is **\$45.00**, payable on the day of service. If your insurance company pays for this specific test, you may submit the bill for reimbursement. If we receive payment from your insurance company for the service, we will reimburse you the amount covered by your insurance.

I, (print name) _____ understand that a Diagnostic Refraction Test is not a covered service by most insurance companies. I agree to be responsible for the \$45.00 testing fee on the day of service.

Patient's Signature

Date