

**Baptist Eye Surgeons, PLLC**  
**Patient Waiver for Refraction**

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

Patient DOB: \_\_\_\_\_

Your insurance does not pay for all of your health care costs. Some items and services are not considered “covered benefits” under your health insurance plan and as such, your insurance will not pay for these services.

The refraction is an essential part of an eye examination. This is the process used to determine if you need glasses or contacts and the strength that you need. It is also necessary to help your doctor determine the health and function of your eyes.

Medicare does not cover refractions, and most insurance companies follow Medicare’s policy. Medicare and other insurance requires us to charge you for this service, in addition to your co-pay and/or deductible.

The total cost for the services/items that may be recommended by your physician are: **\$35.00.**

I acknowledge that I have been informed in advance of receiving these services, that these services are not covered by my health insurance plan. I have chosen to receive these services and understand that I will be financially responsible for the charges indicated above. **I also understand if I choose to not have this service performed I will not be able to receive a prescription for glasses or contacts.**

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

Patient or guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_