



## Tulsa Eye Associates

### Refraction Policy

#### What is a Refraction?

Refraction is the process of determining the amount of nearsightedness, farsightedness and astigmatism, that is required, to obtain your best-corrected vision. This process is needed to create a glasses and/or contacts prescription.

#### Why is it necessary?

Refractions are sometimes necessary, depending on the patient's diagnosis and/or complaints, at the time of their exam. For example, if a patient is experiencing blurred vision or decreased visual acuity, a refraction is needed to help determine if the decreased vision is associated with a medical condition or the need for an updated glasses prescription.

#### How much is the refraction?

If a refraction is performed, on the same day of your comprehensive exam, the fee is **\$55.00**. If you decide to have the refraction performed, on any other day than your comprehensive exam, the fee is **\$65.00**. Most insurance companies, such as Medicare, do not cover this fee. Therefore, we will collect payment at the time of service. Depending on your insurance, we will bill the refraction fee to your insurance company, on your behalf.

#### What if I do not want the refraction?

**At the beginning of your exam**, let your technician know that you decline to have a refraction. If you opt out of having this test, you will NOT be given an updated glasses prescription.

We recommend getting your prescription filled, within 60 days of service date. We will guarantee prescriptions with a 60 day grace period, at no charge, for all glasses checks and/or glasses remakes (if applicable). After 60 days, there will be an additional fee for all glasses checks and/or remakes, to verify your prescription.

#### Acknowledgement:

I have read the above information and understand that the refraction could be a non-covered benefit. If the test is performed or I fail to decline the test, prior to it being done, I am responsible for the fee.

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**Patient or Guardian's Signature**

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**Date**

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**Patient's Printed Name**