Important Patient Information: Refraction Policy

92015 Determination of Refractive State (Refraction)

A refraction is as important to an Ophthalmologist as the electrocardiogram is to a Cardiologist.

I hereby affirm that I have been informed and understand that the doctor may order a refraction for either medical reasons and/or to provide me with a new glasses prescription. I understand that Eye Clinic of Austin will be charging me $35.00 on the day of service for all ophthalmology refractions and at my request they will file a claim to commercial insurance, Tricare, and Medicare but only if I have secondary or medigap coverage. I understand that if insured, my insurance may consider this procedure excluded from my benefits and/or non-covered benefit. If my insurance pays a claim for the refraction, I understand that Eye Clinic of Austin will refund me.

FAQs –

1. What is a refraction? This test is a determination of an eye’s refractive error and the best corrective lenses to be prescribed. A series of lenses in graded powers are presented on a phoropter to determine which provides the sharpest, clearest vision.

2. Is this test required? The doctors agree that this test is a necessary element of most visits, and it is used to create prescriptions for glasses and/or contact lenses, and/or to evaluate possible changes in vision due to medical conditions. This is essential in order to determine if a decrease in vision is due to only a need for glasses, which is easy to correct, or if another medical reason might be keeping the eye from seeing clearly.

3. Does my insurance plan pay for this test? The majority of insurance plans designed for medical examination coverage, including Medicare and Tricare, will NOT cover the refraction. The majority of commercial insurance plans designed for vision examination coverage will allow coverage of one (1) refraction every 1 to 2 years depending upon the plan.

4. What do you charge for refractions? The Eye Clinic of Austin charges $35.00 for each refraction ordered regardless of the reason and you will get an updated or unchanged written prescription for spectacles.

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Signature of □ Patient or □ Guarantor

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Printed Name of Signer

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Printed Name of Patient

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Date Signed

Revised: August 1, 2014