

## **Patient Refraction Authorization Form**

Refraction is the process of determining the eye's refractive error or need for corrective lenses. Due to insurance changes and regulations, we must charge for the refraction.

Coastal Jersey Eye Center's fee for this service is \$45 and is due at the time the service is rendered. This fee is generally non-covered by medical insurances and only payable by insurance when a vision benefit is in place and available.

***\*NOTE: This fee is due and payable whether or not you receive a written glasses prescription.***

## **Medical Exam with Refraction**

Today's visit is based on medical necessity and will, therefore, be billed to your medical insurance.

Refractions are generally not covered under medical benefits and the \$45 associated fee will be due by you at the end of your visit today.

## **Acknowledgement**

I have read the information and understand the refraction is a non-covered service.

I accept full financial responsibility for the cost of the service. Copays, co-insurance, and/or deductible amounts are separate from this form and are not included in the refraction fee.

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**Patient Signature**

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**Date**