

Vision Institute

INFORMED CONSENT FOR REFRACTION

Refraction Description

This is the test where we place different lenses in front of your eyes and say "better 1 or better 2." This provides the Doctor with your best visual acuity. The Doctor then uses the information generated from the Refraction test to create a glasses prescription and/or, to help diagnose different diseases of the eyes, such as, Cataracts, Macular Degeneration, and even Diabetes.

Refraction and Insurance

A refraction does not include any screening or examination and must be billed separately according to Medicare and insurance guidelines. Medicare ***does not*** cover a refraction. Because Medicare considers this a non-covered service, your supplemental insurance will most likely deny payment as well. (Military: Tricare for Life will deny coverage for the refraction and send it to Tricare Standard for payment. Tricare Standard will recognize it as covered, but there is a \$100.00 deductible per year). All Medicare advantage plans like AARP/Medicare Complete, Humana, and Kaiser Advantage, follow Medicare guidelines, as do many commercial plans like Aetna, BCBS, and Cigna. Some insurances have been known to cover the refraction depending on the specific plan. As a courtesy to you, we will bill your insurance for the Refraction test. ***If your insurance does not cover the Refraction test, you will be financially responsible for this test and you will receive a bill in the mail at a later date for \$55.00, which will need to be paid to our practice within 30 days of receiving that statement.*** If you have Medicare only with no supplemental insurance, or you are a self-pay patient, the Refraction fee will be collected at the time of check out. ***Even if a prescription is not issued today, you or your insurance will be charged for this test. We will not perform this test if it is not necessary.***

- ***I agree to have the refraction test today, I will pay the \$55 Fee if my insurance does not cover this.***

_____/_____/_____
Patient Signature (or person authorized to sign for patient) Print Name Date

- ***I decline to have the refraction test done today.***

_____/_____/_____
Patient Signature (or person authorized to sign for patient) Print Name Date

Please fill out back side too...



INFORMED CONSENT FOR DILATED EYE EXAMINATION

Dear Vision Institute Patient: Dilation of your eyes is part of a comprehensive eye examination. To dilate the eyes, drops are used to relax the muscle which controls the pupil size, allowing the pupil to fully open. **A wait time of 30-45 minutes is required to allow the drops to take effect before the Doctor can complete the dilated exam.** Side effects of dilation can include short-term blurred vision up close, and in some cases far away, as well as sensitivity to light. (Temporary sunglasses will be given to the patient to help with this side-effect.)

Patients with high prescriptions, new floaters and flashes, diabetes, and high blood pressure are **STRONGLY** advised to have their eyes dilated yearly, and sometimes more than once a year. In addition, patients with a family history of glaucoma, macular degeneration or blindness should follow the same guidelines. ***REFUSAL TO HAVE YOUR PUPILS DILATED MAY RENDER YOUR DOCTOR UNABLE TO DETECT CERTAIN DISEASES OF THE EYE.***

There is **no fee** associated with dilation and it is not a separate charge to you or your insurance.

- ***I agree to have the dilation examination today.***

_____/_____/_____
Patient Signature (or person authorized to sign for patient) Print Name Date

- ***I decline to have the dilation exam today.***

_____/_____/_____
Patient Signature (or person authorized to sign for patient) Print Name Date

Please fill out back side too...