

# Fier Eye Care and Surgery Center

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## Refraction Consent Form

**Our office fee for refraction is \$50 for all patients. This fee is collected in addition to any co-payment at time of visit.**

A refraction is a diagnostic test used by your doctor to determine the cause of decreased visual acuity. It is done routinely to diagnose the need for a change in prescriptive eye wear, to determine the need for surgery (such as cataract), and to rule out eye diseases as the cause of diminished vision. This test is performed by placing various lenses in front of your eyes to see if your vision can be improved.

**This procedure is part of your complete eye exam and it is not covered by Medicare, HMO's or any other insurance. It is an out-of-pocket expense for which you are obligated at the conclusion of your visit. Any questions or concerns should be directed to your insurance company.**

### ACKNOWLEDGEMENT

I, \_\_\_\_\_ have read the above information and understand that the refraction is a **non-covered service**. I accept full financial responsibility for the cost of this service. The co-payment is separate from and not included in the refraction fee.

\_\_\_\_\_  
Patient Signature ( OR Parent of minor)

\_\_\_\_\_  
Date