**What is Refraction?**

Refraction is a procedure necessary for our physicians to evaluate your vision and/or write

you a prescription for glasses only. If you are experiencing blurred vision or decreased acuity

as measured by the eye chart, a refraction would help determine whether the difficulty is

associated with a medical problem or a need for glasses. During refraction, the physician

or technician offers you a series of lens choices until you reach the best corrected vision.

Unfortunately, not all insurance plans cover this service and Medicare specifically

excludes refractions as a covered benefit. The cost of the refraction is $45. The payment

Is due at the time of service.

**When do I pay for a refraction?**

Refraction is a non-covered service by Medicare. As a result, your healthcare provider is

Required by CMS (the department of the federal government that controls Medicare) to

charge for this service. Most other insurance companies follow Medicare’s payor guidelines.

All these insurance plans consider refraction a “vision” service not a “medical” service.

Payment is due at the time of service. Milan Eye Center does not accept vision insurance.

We file only to medical insurance.

**Who made this distinction for insurance coverage?**

It is our government (for Medicare and Medicaid) or your own commercial insurance

company that determines exactly which clinical services are covered by their policies,

and not your physician. Therefore, if you have any questions or concerns regarding your

coverage, you will need to address these with your specific insurance carrier.

**What is Milan Eye Center’s Policy?**

We are dedicated to providing our patients with the very best medical and surgical eye care.

Therefore, refraction will be performed when medically necessary (typically this includes all

new patients, those presenting with decreased vision and on a yearly basis thereafter.)

Additionally, we are happy to perform refraction during any visit at your request. However,

please keep in mind this service will not be covered and you will be responsible for this

charge. You will only be charged if you receive a printed prescription for glasses. Our office

fee for refraction is $45. This is collected at the time of service in addition to any

co-payment your plan may require.

**By signing, I understand and acknowledge the policy written above.**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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