

Vision Exclusion Form

Refraction is the vision test to determine your eye glass prescription. This test is a **VISION TEST** and **NOT** covered by **MEDICAL INSURANCE**.

This is NOT an exam for Contact Lenses!

The **\$50.00** fee for this testing is not covered by Medicare or most managed care plans. For patients with **UNITED HEALTHCARE** (Oxford not included) we will bill your insurance carrier **FIRST**. If my insurance carrier does not pay for the refraction, I personally agree to be responsible for payment. For all other insurance carriers, payment is required at the time of service.

Medical insurance will cover medical test only!

I WISH TO HAVE THE VISION TEST AS PART OF THE EXAMINATION

I understand that payment is due on the date of service.

Signature of patient

Date

I DO NOT WISH TO HAVE THE VISION TEST AS PART OF THE EXAMINATION

I understand that by signing below I will not have the test done for a prescription for glasses. The Doctor will only be able to tell me what my visual acuity is with my current glasses.

Signature of patient

Date