SOUTHPOINT EYE CARE

CLIFFORD R. SEWARD, M.D.

REFRACTION NOTIFICATION

During your exam, it may be necessary for the doctor to perform a **REFRACTION,** measuring your best-corrected vision (prescription for glasses). Most **Medical Insurance plans, including Medicare, DO NOT COVER** refractions or routine eye examinations. If you have a separate vision plan that covers refractions or routine eye examinations, please let us know at the time of your appointment.

If this procedure is performed, a payment of **$35.00** must be paid at the time of service in addition to any co-payments required by your insurance plan.

The fact that your insurance company may not pay for this service does not mean that you should not receive it. There may be a good reason your doctor recommended it.

The purpose of this form is to help you make an informed choice about whether or not you prefer to receive this service, knowing that you might have to pay for it yourself.

Please choose one option. Sign and date your choice.

Option 1. **YES.**_____, I would like my eyes to be measured for glasses.

Option 2. **NO.**_____, I do not want my eyes to be measured for glasses.

Date:_____

Signature of patient:_____

Signature of person acting on patient's behalf:_____