

**IMPORTANT INFORMATION ABOUT  
MEDICAL EYE EXAMS &  
BEING FITTED FOR GLASSES OR CONTACT LENSES**

**I. Medical Eye Examination**

A comprehensive **medical eye exam** (code 92004 or 92014) checks the health of your eye to determine the presence of eye disease, using various instruments. During this exam, you will look at a chart while wearing your **current** (glasses or contact lenses) correction. This part of the exam is important because it can distinguish between a problem that is refractive (results from errors in the way the eye processes light rays) and one that is not.

**II. Refraction Service**

A **refraction service** (code 92015) allows your doctor to determine your best vision with use of corrective lenses. It may also be done for **medical diagnostic** purposes to determine the presence of severity of a medical condition in your eye. The refraction service requires your doctor to do additional work over what is done in the medical eye exam. Even if a “prescription” is not written for you, there is a separate charge for the refraction service in addition to the medical exam fee.

A “**routine**” refraction service is necessary to fit you for glasses or contact lenses or to update your current prescription. Coverage for non-medical or “routine” refraction varies by insurance plan. It is already known that Medicare does not cover “routine” refraction fees. The fee for this service is \$40.00.

We will file a claim for coverage on your behalf for the refraction service if there is a possibility of coverage. You will be responsible for any portion of the fee your plan does not cover. If we have an existing contractual agreement with your insurance company to discount this fee, we will make the necessary write off and you will not be responsible for the routine refraction fee. We must always have the written denial from your insurance company in our billing office **before** we can adjust the fee.

**I acknowledge that the refraction may be a non-covered service under my insurance plan(s). I understand that a claim is being filed to determine my benefits and agree to make payment for this service if they are denied as a non-covered service.**

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

**III. Contact Lenses Fitting**

The complete eye examination and the contact lens fitting are separate procedures and are therefore charged separately. Patients that request a prescription for contact lenses will be responsible for payment of both the examination fee and the fitting fee. The fitting fee includes:

- Contact lens evaluation, which includes measurements of your cornea
- Selection of contact lenses for best visual outcome
- Solution starter kit
- Dispensing contact lenses, including proper care and insertion and removal training, if necessary
- Appropriate lens changes if needed
- Follow-up visits for 3 months

**I understand that a contact lens fitting is a separate procedure from the eye examination and is therefore charged separately. I also understand that I am responsible for the fees associated with the contact lens fitting and that these fees are non-refundable.**

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date