

North County Laser Eye Associates
1905 Calle Barcelona, Suite 208
Carlsbad, CA 92009
Phone: (760) 930-9696 • Fax: (760) 930-0737

REFRACTION POLICY

PATIENT: _____

Insurance companies will only pay for services that it determines to be “Reasonable and Necessary.” If your insurance determines that a particular service, although it would be otherwise covered, is “not reasonable and necessary” under program standards, your insurance will deny payment for that service. The exclusions apply to eyeglasses or contact lenses and eye examinations for the purpose of prescribing, fitting, or changing eyeglasses or contact lenses for refractive errors. Refractions (examinations used to determine the prescription of your contacts and glasses), in this case, might not be covered by your health insurance. The cost of this exam is \$45.

The coverage of services rendered by an ophthalmologist is dependent on the purpose of the examination rather than on the ultimate diagnosis of the patient’s condition. If a patient goes to an ophthalmologist with a complaint of symptoms of eye disease or injury, the ophthalmologist’s services (except for refractions) are covered regardless of the fact that only eyeglasses were prescribed. However, if a patient attends an examination with no specific complaint, the expenses for the examination are NOT covered.

My physician has notified me that he/she believes that my insurance may deny payment for the refraction portion of my exams. I understand that I will be held personally responsible for payment, either at the end of my exam, or if my insurance denies it. The price due for refractions is \$45.

Patient Signature

Date

Witness Signature

Date