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REFRACTION AGREEMENT

I request that payment of authorized Medicare and/or noted insurance be made to Valley Health Eye Specialists, for any services furnished to me. I understand some services provided are not covered by my insurance carrier and I agree to pay for such services as well as any copay amounts designated by my insurance. I authorized any holder of medical information about me to release to the Health Care Financing Administration and its agents any information needed to determine these benefits or the benefits payable related to services.

I understand that an EYE EXAM includes a medical examination of my eyes and often a refraction, which may lead to a glasses prescription. I understand that there is now a \$30.00 refraction fee that will not be billable to my insurance companies and I will be responsible for payment at the time of services. In all cases, professional fees are the responsibility of the patient and/or the stated financially responsible party.

Patient or financially responsible parties further agree to pay any and all collection fees incurred and legal expenses, including but not limited to Collection Agency and Attorney fees, court expenses, service and filing fees.

What is a refraction fee?

A refraction is the test that is performed to determine your eyeglass prescription. A refraction may be performed by either the doctor or a technician, and typically involves questioning along the lines of, "is 1 better than 2?' Medicare and many other insurance plans consider a refraction to be routine medical care not covered under their medical coverage, so this amount is charged separately and is paid directly by the patient. Medicare secondary insurance plans will also not pay the charge since it is not a Medicare-covered service, so the \$30.00 fee is to be paid by the patient.