Arizona Eye
SPECIALISTS

NOTICE OF NON-COVERED SERVICES

EYE EXAM (Refraction) FOR GLASSES

Patient Name _____Date of Birth_____

The Refraction portion of the eye exam is a test to determine the prescription for glasses. Many medical insurances, including Medicare, consider this exam (Refraction) to be a routine vision service and do not cover the fees. If you choose to have the Refraction and it is not covered by your insurance, the Refraction fee of $50.00 is your responsibility at the time of service.

Please select one of the options below.

_____ Yes, I want the exam (Refraction) and understand I am responsible for payment if it is not covered by my insurance.

_____ No, I do not want the exam (Refraction).

_____ I do not want the Refraction at this time, but I may choose to have it at a later date. If so, I may contact my insurance to determine if it will be covered.
The CPT Code is 92015.

Signed _____ Date _____

NPI 1487704581

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