



## **Refraction Waiver Notice**

Your medical insurance (Medicare or private) does not pay for all of your health care costs. Your insurance company only pays for “covered benefits.” Some items and services are not considered benefits and will not be paid for.

Any services that are determined to be non-covered by your insurance company will be the patient’s responsibility.

**Medicare and most private insurance companies will not pay for Refraction- Measurements to determine the prescription or diagnosing complaints of blurry vision. Out-of-pocket cost: \$ 50.00**

By signing this form, I acknowledge the above statements and agree that I am financially responsible for payment of these services:

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Patient Name (printed)

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Patient Signature (or legal guardian)

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Date