



# CHICOPEE EYECARE, P.C.

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## REFRACTION POLICY

Refraction is a diagnostic test performed by the optometrist to determine and measure the refractive error of your eyes. Refraction is required in order to determine and prescribe eyeglasses and/or contact lenses. It is an important test we perform to determine whether or not you can be helped to see better in anyway by a new glass prescription. It is also the most precise way we can determine what your best possible visual acuity is, which is essential information as we examine your eyes for possible problems and diseases. Refractions are most often performed annually, however may need to be done more frequently should there be a sudden change in vision.

Refraction (CPT code 92015) is a non-covered service by Medicare. As a result, all healthcare providers providing this service are required by CMS (the department to the federal government that controls Medicare) to charge for this service. Some other insurance plans follow Medicare rules and may not cover this service. Please check with your insurance provider or Human Resource Department for your eligibility and benefits information.

Our office fee for the refraction is \$47.00. Should your insurance plan not cover the refraction, you will be required to pay for this service.

### ACKNOWLEDGEMENT

Please initial and sign below.

\_\_\_\_\_ Yes, I have read and understand this consent form and would like to have a refraction performed today. I accept full financial responsibility for the cost if my insurance does not cover the refraction.

\_\_\_\_\_ No, I decline having the refraction performed today and understand that as a result of this, I will not be receiving a glasses prescription today and understand and accept all the possible risks of not having my best possible visual acuity determined.

Print name \_\_\_\_\_

Patient/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_