

**ACKNOWLEDGEMENT OF POLICIES  
LANDES EYE ASSOCIATES**

**REFRACTION POLICY**

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Most medical insurances including Medicare DO NOT cover the test called "refraction." Refraction is REQUIRED to determine if you need glasses or to update your glasses or contacts prescription. If you are having a problem with your eyes, refraction is required to determine your best possible vision and allows the doctor to address your visual complaints. It is an important part of most eye exams even though it is a noncovered service by Medicare and some non-Medicare payers. The fee for refraction is \$45. If refraction is not covered by your insurance, you will be responsible to pay this testing fee in addition to any copayment, deductible or balance due from the medical portion of your exam.

**INSURANCE ASSIGNMENT OF BENEFITS**

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I authorize Landes Eye Associates to release to my insurance company any information required in the course of my examination or treatment. I also authorize any physician, hospital, or clinic to provide details of my history to Landes Eye Associates.

I hereby assign payment direct to Landes Eye Associates for medical benefits payable for these services. I understand that I am responsible for payment of all services rendered regardless of insurance coverage.

**FINANCIAL POLICY**

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A \$15 late fee and a service charge of 1.5% per month will be added to accounts past due.

**ACKNOWLEDGEMENT: RECEIPT OF NOTICE OF PRIVACY PRACTICES**

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I have been offered a copy of Landes Eye Associates' Notice of Privacy Practices. I consent to the uses and disclosures of my health information as outlined in the Notice.

**By signing below, I acknowledge that I have received and agree to the above policies.**

Patient Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you are a parent or legal guardian signing on behalf of the patient, please print your name and your relationship to the patient:

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