



Dear Patient:

In general, medical insurance carriers cover procedures, devices, etc. they consider medically necessary. Listed below are some of the more common items not typically covered by medical insurance.

Refraction

A measurement taken to determine your eyeglass prescription. Medicare and most private insurance plans do not pay for the refraction and require that we collect this fee at the time of service. Some HMO insurance and certain vision plans pay for the refraction. The cost of the refraction is \$45.00.

Contact Lens Fitting

To ensure the best possible prescription, a fitting and evaluation will be performed for patients requesting contact lenses or a written prescription for contact lenses. The fitting fee will be applicable when requesting a different prescription or change in type of contact lenses.

LASIK

Laser vision correction is typically considered an elective procedure and not covered by insurance carriers.

Multifocal/Accommodative Lenses

As an option to the monofocal lens, multifocal and accommodative lenses implanted during cataract surgery often eliminate the need for glasses following cataract surgery. These lenses are considered elective by most insurance carriers.

Cosmetic Eyelid Procedures (Blepharoplasty, Botox, Brow Lifts)

These items are usually considered cosmetic. They are covered by insurance if they are medically indicated.

Latisse

A prescription medication which facilitates eyelash growth. This is considered cosmetic and not a medical necessity.

I understand that insurance does not typically cover the items detailed on this page.

Patient Signature

Date

Patient Name