ZDENEK EYE INSTITUTE and Laser Center

# *Refraction Waiver*

**Name:** _____ **Date**: _____

**Insurance:** _____ _____
Medical Insurance Vision Insurance

Refraction Coverage: ☐ Yes ☐ No

## Refraction:

If you are not able to see 20/20 when Dr. Zdenek tests your vision then a refraction test is necessary. If you cannot see 20/20 then this test will help rule out medical conditions and/or determine the most accurate eyeglass prescription. This is different than a contact lens prescription; a different test/exam is needed for contact lenses.

Private medical insurance and Medicare DO NOT cover the cost of this test. These insurances ONLY cover the examination procedures needed to determine the eye's health for the prevention and diagnosis of diseases.

Vision insurance WILL cover the cost of this test.

1) I acknowledge that there may be a charge if a refraction test is performed. Dr. Zdenek will only perform the test if necessary. I understand the cost listed below and will pay the indicated amount today.

   **Refraction: $ 60.00**

   Initials and Date: _____

2) I decline a refraction today and understand that I can not be given a glasses prescription without this test.

   Initials and Date: _____