



**FAMILY
EYE CARE
& SURGERY**

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Advanced Notification of Nonpayment by Insurance for Refraction Fee

A refraction is a critical part of the basic eye exam where the physician determines your visual acuity, which serves as a baseline for future appointments. Medical illnesses and the natural aging process of the eye can cause your vision to change; therefore, a refraction should be done at a minimum each year, or as deemed medically necessary by the physician, to ascertain why your vision may have changed.

The refraction fee is charged in addition to the office visit and in many instances is not covered by health insurance. For example, Medicare's guideline for this fee (outlined in its benefit policy manual 100.02, section 90) lists refraction under its exclusions. In many instances, secondary insurance will cover the fee based on the fact that Medicare does not cover it.

If a refraction is performed by the physician, the refraction fee will be billed to your insurance provider and we will follow their individual guidelines once we have received the Explanation of Benefits. You will be billed separately for the refraction fee, if your health insurance company does not provide coverage for this service.

For patients with VSP insurance: VSP only covers eye exams with routine diagnoses. If a medical eye condition is discovered during your examination, your regular health insurance provider will be billed to cover the medical diagnosis. VSP will not cover a refraction fee associated with a medical diagnosis. You will be billed separately for the refraction fee if your regular health insurance determined you are responsible.

I have read the above and understand I may be billed for the refraction that was performed at the time of my office visit.

Patient's Name

Date