

RED RIVER
EYE & LASER
C E N T E R

THOMAS A. PLANCHARD, M.D.

NOTICE: ALL PATIENTS

Insurance companies will only pay for services that they determine to be “**reasonable and necessary**”. If an insurance company determines that a particular service is “**not reasonable and necessary**”, they will deny payment for that service. I believe that, in most cases, insurance companies are likely to **deny payment** for:

a **refraction fee** since most insurance companies consider this a non-covered service, and therefore, **will not pay** for this service. The refraction fee is considered a routine screening part of an eye exam and that is the reason why it is not covered.

If a primary insurance company denies payment for this service, then the secondary insurance company usually **will not pay** for this service either.

If you have an insurance company that only requires a co-payment, you are responsible for your co-payment plus the refraction fee.

A refraction is necessary at each visit to determine your best corrected visual acuity (the test where they put the machine in front of your face and ask you which is better one or two). The refraction fee is charged when an eyeglass prescription is given to the patient.

AS A RESULT OF THIS, EACH PATIENT IS RESPONSIBLE FOR PAYING THE REFRACTION CHARGE AT THE TIME OF SERVICE.

Signature of Patient