

Additional Fees Which May Be Incurred During Your Exam

Refraction Fee

A *refraction* (CPT 92015) is a vision test that determines whether you need glasses or whether your glasses prescription has changed. A refraction may be part of your eye exam today. This helps us achieve your best possible vision and helps determine whether an underlying eye disease may be the cause of decreased vision.

Some medical insurance plans (including Medicare, CIGNA, and some Anthem Blue Cross Blue Shield plans) do not cover refractions or routine eye examinations when no medical eye problem is known or suspected. They do not consider a refraction to be part of a medical eye exam.

If you are seen for a routine eye exam with no known or suspected medical eye problem, and you use your vision plan benefits, the refraction will be covered by the vision plan. There is no separate charge for the refraction in this circumstance. We participate with Davis Vision (also known as FEP Blue Vision), most EyeMed plans, and Vision Service Plan (VSP).

When a refraction is performed in conjunction with a medical eye exam, there is a \$65 fee. We will bill your health insurance company. Coverage is determined at the time a claim is received by your health plan. If your insurance denies the refraction, you will be responsible for the fee.

Sensorimotor Exam

A *sensorimotor* exam (CPT 92060) is a separate, expanded diagnostic exam that involves a group of tests that determine what problems, if any, exist with the nerves and muscles of the visual system. A sensorimotor exam is necessary to detect, assess, monitor, and guide the medical, surgical and optical management of binocular function and motor eye misalignment conditions. Testing may need to be repeated on a variable, possibly frequent, basis as medically indicated. The charge for this test is \$85. Since this is a diagnostic test, it will be processed as such by your insurance carrier. If your insurance denies the sensorimotor exam, you will be responsible for the fee.

No Show Fee

If you cancel your appointment with less than 24 hours' notice, you may be charged a no-show fee of up to \$50. We realize that there may be circumstances beyond your control where you will not be able to give 24 hours' notice. However, if there is no documented attempt to cancel, you will be responsible for the fee. If you have requested an interpreter and cancel with less than 30 hours notice, you will be charged the interpreter cancellation fee of \$170.

If you have any questions, please speak to one of our financial secretaries.

I accept financial responsibility for these fees for the patient _____ .

Signed by:

Date