

TO ALL OUR PATIENTS

FROM THE DOCTORS OF AFFILIATED EYE SURGEONS

An eye examination of two (2) separate parts:

1. The **Medical Eye Examination** determines the health of your eyes. It involves the detection and treatment of eye diseases such as glaucoma, cataracts, retinal diseases, etc.

The **Medical Eye Examination** should be covered by your insurance company.

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2. The **Refraction** determines whether someone who has never worn glasses needs them, or if your existing prescription needs to be changed.

The **Refraction** is not covered by your insurance company. It is considered the patient's responsibility for payment.

THE REFRACTION CHARGE IS \$35.00

Please indicate below whether or not you want to have the Refraction

CHECK ONE:

- YES I want the **Refraction**
- YES I want the **Refraction** if the Doctor feels it is necessary
- NO I do not want the **Refraction**

PATIENT SIGNATURE

DATE

Co-Payment and Refraction fees are due at the time of Service