

PEDIATRIC EYECARE OF NORTHERN JERSEY

REFRACTION POLICY

The Center for Medicare and Medicaid Services (CMS) utilizes the Resource Based Relative Value Scale (RBRVS) to determine the fees for all healthcare providers. Most other insurance companies use this same system to set their payment schedules.

During your visit refraction may be performed to determine your need for glasses or to evaluate if any further visual improvement can be achieved. This is a necessary and essential portion of your eye exam, and in many cases, it is the sole reason for the appointment.

Please be aware that this is a NON-COVERED service by most insurance companies and Medicare and is considered the responsibility of the patient. OUR office currently charges \$35.00 as a discounted, cash price for this procedure, which is less than the RBRVS suggested rate.

We appreciate your cooperation in collecting this fee.

I have **read** the above information and **understand** that I may be charged a cash discounted price of \$35.00 for the service. If billing is required, the full charge will be billed.

CONTACT LENS POLICY

The Glasses prescription you receive from **Pediatric Eyecare of Northern Jersey** is not a contact lens prescription. A qualified optician must fit contact lenses. An optical shop of your choice may fit the lenses for a separate fee. After your contact lens fitting is completed, it is your right to receive a copy of your contact lens specification from the optical shop selected if you desire.

I have **read** and **understand** the above refraction and contact lens policy.

APPOINTMENT REMINDER POLICY

Pediatric Eyecare of Northern Jersey utilizes an Appointment Call Center to contact you by telephone at the number provided to remind you of future appointments and other matters associated with your overall healthcare component. Message will be left on your answering machine and/or voice mail service.

I **CONSENT** or **DO NOT CONSENT** to the above.

Patient or Guardian's Signature

Date