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REFRACTION POLICY

Refraction is the process of determining the eye's refractive error, or need for corrective spectacle and/or contact lenses. It is Dr. Slushers' opinion that refraction is an essential part of an eye examination, but it is **NOT** a covered service by Medicare or most insurance. Our office fee for refraction is **\$80.00** and this fee is collected in addition to the patient's co-pay at the time of service. Therefore, since refraction is a non covered service, it will not be filed with Medicare.

ACKNOWLEDGEMENT

I have read the above information and understand that the refraction is a non-covered service. I accept full financial responsibility for the cost of this service. The co-pay is separate from, and not included in, the refraction fee.

EYE DILATION

Dilating drops, other medications and treatments may impair your ability to drive. It is advisable to arrange for someone to drive you home after your examination.

It has been explained to me and I understand the risk of driving following my eye examination.

PRIVATE INSURANCE/MEDICARE ASSIGNMENT

I authorize any holder of medical or other information about me to release to the Social Security Administration and Health Care Financing Administration, or its intermediaries or carriers, any information needed of this or a related Medicare/Private Insurance claim. I permit a copy of this authorization to be used in place of the original, and request payment of medical insurance benefits either to myself or to the party who accepts assignment of benefits apply.

Medicare/Private Insurance will only pay for services that it determines to be "reasonable and necessary" under section 1862 (a)(1) of the Medicare law. If Medicare/Private insurance determines that a particular service, although it would otherwise be covered, is not "reasonable and necessary" under the Medicare/Private Insurance program standards, Medicare/Private Insurance will deny payment for that service. I believe that, in my case, **Medicare/Private Insurance is likely to deny payment for refractions, refractive surgery, cosmetic surgery, Potential Acuity Measurements (PAM), Brightness Acuity Test (BAT), Schirmer tear test, contrast sensitivity tests, in-patient cataract surgery, and initial hospital care-history and exam,** because Medicare/private Insurance usually does not pay for this service(s).

BENEFICIARY AGREEMENT

I have been notified that the services above may not be covered by my Insurance Carrier. If Medicare/Private Insurance denies payment, I agree to be personally and fully responsible for payment.

I acknowledge that I have read all of the above or it has been explained to me.

Payment in full is due at the time of service.

Name _____

Date _____