



# Tozer Eye Center

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## REFRACTION

Refraction is the process used to determine a patient's sharpest vision as well as the need for a new or changed prescription. A refraction also provides important information allowing the doctor to evaluate the need for medical or surgical treatment. It is a necessary part of an ophthalmic examination, but the refraction is not a covered service by Medicare and some insurance companies. **Our office fee for the refraction is \$55.00 and this fee is collected in addition to any co-payment, co-insurance, or deductible at the time of service.**

## ACKNOWLEDGEMENT

I have read the above information and accept financial responsibility for the cost of this service if not covered by my insurance carrier. The co-payment, co-insurance and deductible are separate from and not included in the refraction fee.

Please Print Name \_\_\_\_\_ Date \_\_\_\_\_

Patient's Signature (or guardian) \_\_\_\_\_

## CONTACT LENS FITTING AND EVALUATION

Contact lenses are medical devices, regulated by the FDA. This means that the doctor has to evaluate the health of your eyes and the fit of your contact lenses every year in order to determine the optimum prescription for your eyes. Contact lens examinations are required on a yearly basis. These tests are done to make sure your eyes are healthy, that the lenses fit your eyes properly, and to ensure that you are seeing as clearly as possible. **All contact lens patients will be charged a fitting and/or evaluation fee.** The fee ranges from \$60.00 to \$250.00, based upon the type of contact lens, doctor/staff time involved, and expertise necessary. While there may be some coverage under vision plans, medical insurance companies consider contact lenses "not necessary" and they will not cover these services. **The fee for these services is collected at the time of service.**

## ACKNOWLEDGMENT

I have read and understand the above and agree to pay contact lens fees associated with my examination.

Please Print Name \_\_\_\_\_ Date \_\_\_\_\_

Patient's Signature (or guardian) \_\_\_\_\_