

CHARLES A. GARCIA. M.D., P.A.

OPHTHALMOLOGY MEDICAL PLACE ONE

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Retina /Vitreous Consultation

Charles A. Garcia, M.D. John A. McCrary, III, M.D.

Comprehensive Ophthalmology

Charles A. Garcia, M.D. Jon M. Lampkin, M.D. Ricardo N. Sepulveda, M.D.

Neuro Ophthalmology John A. McCrary, III, M.D.

Glaucoma Consultation & Surgery

Charles A. Garcia M.D. Michael W. Mapp, M.D.

Cornea/Refractive Surgery

Jon M. Lampkin, M.D. Scott E. Segal, M.D. Ricardo N. Sepulveda, M.D.

Optometry & Contact Lenses

Mary Jane Cuevas, O.D. T. Geoffrey Iszard, O.D. Earline P. Morse, O.D. Michael Suber, O.D.

Other Metro Locations: Museum District Eye Center

4704 Montrose Houston, TX 77006 Tel: (713) 333 - 0151 Fax: (832) 485 - 5080

East Houston Eye Center

12970 I-10 East Freeway Houston, TX 77015 Tel: (713) 453 – 3521 Fax: (713) 451 – 8214

Webster/Clear Lake

15 Professional Park Webster, Texas 77598 Tel: (281) 332 – 1559 Fax: (281) 332 – 3394

<u>REFRACTION</u>	POLICY	- MEDICAL	<u>VISITS</u>

IN ORDER TO EXPEDITE YOUR MEDICAL VISIT, WE WILL <u>NOT</u> CHECK YOU FOR GLASSES UNLESS ONE OF THE FOLLOWING APPLIES.

PLEASE	CHECK WHAT BEST APPLIES TO YOU & REASON FOR GLASSES.
	MY GLASSES ARE OLD, SCRATCHED, BROKEN. (How OLD?)
	I WANT AN UPDATED <u>NEW PRESCRIPTION FOR GLASSES.</u>

FEE FOR NEW PRESCRIPTION FOR GLASSES IS \$50.00

REFRACTION POLICY

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 some cases it is the sole reason for the appointment.

The Centers for Medicare and Medicaid Services (CMS) use a system – The Resource Based Relative Value Scale (RBRVS) – to determine the fees for all Medicare services, including the refraction. Most other insurance companies use this same system to set their payment schedules. However, the refraction is considered a NON-COVERED service by Medicare and some insurance companies.

Please be aware it is the responsibility of the patient to pay for the refraction. Our office currently charges \$50.00 for this procedure. The refraction fee, based on the RBRVS is in addition to the fee for the eye exam and is in addition to the patient's co-pay. We appreciate your cooperation in paying this fee at the time of services are rendered.

Patient or Guardian's Signature Date

I have read and understand the above refraction policy.

