

# ARIZONA EYE INSTITUTE & COSMETIC LASER CENTER

## WELCOME TO OUR PRACTICE:

### Medical Eye Exam – Consent to Treatment

Arizona Eye Institute & Cosmetic Laser Center Doctors are licensed to provide both Routine Eye Exams and Medical Eye Exams. Please be advised that if you are being seen today for a Routine Eye Exam that based upon any or a combination of the following concerns: family history, current medical disease and/or conditions, chief complaint, pre-test findings, or a condition found during the course of the exam, the Doctor may find it necessary to move from a Routine Exam to a Medical Exam as well as order additional tests. **You will be notified during the course of the exam by the Doctor when he/she determines a Medical Exam is required. When a Medical Exam is required, be advised it is not a covered item under your Routine Eye Exam benefits through your Vision Insurance Plan.** Medical Exams are billed through your Major Medical Carrier and are subject to their specific Copays, Deductibles and Co-Insurance which will be due at the time of service. In the event that you do not wish the Doctor to proceed with a Medical Examination, you understand it is your responsibility to immediately inform the Doctor so that no medical tests are performed during this visit.

**A “REFRACTION” is the assessment and measurement of your eyes to determine whether or not you need a new prescription for eyeglasses.**

Medicare and most other medical insurances consider a refraction a **ROUTINE** vision service and **DO NOT PAY FOR IT.** If you choose to have this part of the exam done during your medical eye exam today, you will be responsible for the \$35.00 refraction charge. This fee is due and payable at the time service is rendered.

### PLEASE READ CAREFULLY AND CHOOSE THE OPTION(S) BELOW THAT WILL DETERMINE HOW YOUR VISIT IS BILLED TO YOUR INSURANCE

\_\_\_\_\_ Due to my medical or eye history and/or vision problems that I am experiencing, I am  
Patient Initial aware my **Medical Insurance** is being billed for the exam today and not my routine vision plan.

\_\_\_\_\_ I choose to **DECLINE REFRACTION** during today’s Medical eye exam.  
Patient Initial

\_\_\_\_\_ I am aware my **Vision Plan** is being billed today for a Routine Eye Exam, including a  
Patient Initial refraction for eyeglasses.

\_\_\_\_\_  
PATIENT SIGNATURE

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DATE