South Shore Eye Care LLP

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Wantagh, NY 11793
p 516-785-3900
f 516-783-0033

689 Broadway
Massapequa, NY 11758
p 516-541-4141
f 516-541-4150

Date :_____

REFRACTION ACKNOWLEDGEMENT

As part of your visit, you may have a REFRACTION.

This is a test to determine the prescription of your eyeglasses. This test requires special equipment and staff training to give you the most accurate prescription possible. Without refraction, it will not be possible to give you a prescription for glasses. Most insurance carriers, including Medicare, consider this routine and do not cover the cost of the test. If it is not covered, $60.00 will be due at the time of service.

We can bill the following insurances for this procedure:

Community Plan (through UHC)
Emblem Health Care Partners (HCP)
Emblem HIP
Magnacare

This is not a guarantee of coverage. Coverage will be determined by your insurance company.

If your insurance is not listed, the $60.00 fee is expected at time of visit.

Please indicate if you would like to be tested to determine your new eyeglass prescription.

❑ YES, I want to have a new prescription for eyeglasses. I understand I will be charged $60.00 if my insurance does not cover this.

❑ NO, I do not want to have a new prescription for eyeglasses.

_____	_____	_____
Signature of Patient or Legal Guardian	**Print Patient Name**	**Print Legal Guardian Name** *(if appl)*