



[www.ozarkeyecenter.com](http://www.ozarkeyecenter.com)

**Mail all correspondence to:**  
360 Highway 5 North  
Mountain Home, AR 72653  
(870) 425-2277

1113 Independence Dr.  
West Plains, Mo 6577  
(417) 255-0034

800-451-3315

**OPHTHALMOLOGY**  
William D. Hill, M.D.  
Allison S. Booth, M.D.

**OPTOMETRY**  
Whitney D. McFall, O.D.

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### **Refraction Service and Fee**

To determine the need for corrective eyeglasses or contact lenses the examiner will complete the refraction portion of your eye exam. This is a very important part of any eye examination and must be done in order to write any prescription for eyeglasses or contact lenses. The refraction will routinely be performed on a yearly basis.

Medicare and most other medical insurances will **NOT** cover the routine refraction portion of your exam. We are required by Medicare to charge separately for the refraction portion of your examination, given that it is considered a non-covered service. **You have the right to refuse the refraction portion of your exam, but keep in mind that we will not be able to write you a current prescription for eyeglasses or contact lenses without completing the refraction.**

The refraction fee is **\$15.00** and we will collect this fee at the end of your office visit along with any other non-covered services or co-payments according to your insurance plan. We will still bill the refraction to your insurance, and if payment is received from said insurance we will reimburse you accordingly.

Do not hesitate to ask us any questions you have regarding Medicare and medical insurance policies and procedures. We will do our best to assist you with concerns.

### **Patient Acknowledgement**

I have read the above information concerning the refraction, and I understand that it is a non-covered routine vision service. I accept financial responsibility for the **\$15.00** charge and acknowledge that it is due on the day of my visit. Any co-payment, deductible, or coinsurance there may be is separate from and not part of the refraction fee.

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Patient Signature (Parent for Minor)

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Date