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REFRACTION NOTICE

Patient's Name: _____

Medicare and many other insurances do not pay for the **EYE REFRACTION**. The purpose of this notice is to inform you that this is not a covered benefit by Medicare, and other insurances. The **\$55.00 charge will be yours to pay**, if the test is performed.

A refraction is a vision test. It is the determination of an eye's refractive error, and the best corrective lenses to be prescribed to determine your sharpest vision for glasses or contact lenses. Sometimes this test is medically necessary to determine if your eyes are capable of normal vision. You cannot get a new prescription for glasses or contact lenses without this test.

Signature of the patient or person on patient's behalf

Date