



PHYSICIAN NOTICE TO MEDICARE PATIENTS

Medicare program standards under section 1862 (a) (a) of the Medicare law will deny payment for:

“Refraction – the determination of the best corrective lenses to be prescribed or a change in your glasses prescription (CPT Code 92015),”

For the following reason: ***NON-COVERED SERVICE***

BENEFICIARY AGREEMENT

I have been notified by my physician that he/she believes that, in my case, Medicare will deny payment for refraction for the reason stated above. I agree to be personally and fully responsible for the payment.

(Refraction fee is \$35.00 as of 1/1/08).

Beneficiary Signature

Date