



- I am in for a general vision check and eyeglass prescription today. This exam is not billable to my medical insurance. This exam is billable to my vision plan:
- VSP
  - Culinary
  - Caremore
  - Superior Vision
  - Eye Med
  - Medical Eye Services
  - Other: \_\_\_\_\_

- I am in for a medical exam today due to a medical condition, symptom, injury or chronic condition. This exam and refraction are not billable to my vision plan. The name of my medical insurance/s is/are:

Primary: \_\_\_\_\_

Secondary: \_\_\_\_\_

**\*Medical Conditions may include but not limited to the following\*:**

Macular Degeneration

Diabetes

Rheumatoid Arthritis

Cataract

Glaucoma

**\*Please be advised our refraction fee is \$50.00 and due at the time of service\***

Patient Signature: \_\_\_\_\_

Print Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_