

# Pediatric Eye Care of Monmouth, LLC

Specializing in Child & Adult Strabismus

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## INSURANCE AND NON-COVERED SERVICES AGREEMENT (Specifically Refractions)

### All patients are responsible for knowing their health insurance coverage.

This office will bill your health insurance carrier on your behalf. However, it is ultimately your responsibility to know your health insurance coverage and it is your responsibility to handle any discrepancies.

It is **not** our responsibility to know your health insurance and/or vision plan coverage.

### Most medical insurance plans, including GHI and Medicare, do NOT cover for routine refractions or routine eye examinations for glasses or contacts.

A refraction is the process of determining the prescription for corrective eyeglasses. It is also done to determine whether corrective eyeglasses are needed or not. It is coded 92015 and is an essential part of an eye examination.

Our office fee for the refraction examination, if not covered by your insurance company, is \$65.00 for the initial refraction and \$35.00 for each subsequent refraction examination. This is in addition to any co-payment your plan may require.

If you are not sure if these are covered codes, please call your insurance company before you are seen by the doctor.

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

Patient, Parent or  
Guardian Signature: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

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

*By signing this document you are aware that there may be additional charges for your office visit and you have been given the opportunity to check with your insurance company.*