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NORTH TEXAS EYE CENTER
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Refraction Services and Fees



These images show the older phoropter on the left and the newest EPIC refracting station on the right. At North Texas Eye Center, we, primarily, use the newest and most sophisticated device, the EPIC.

These devices are used to determine your prescription for glasses and to aid in the determination of the prescription for contact lenses.



What do they do? These instruments determine your need for lenses to correct your refractive error, also referred to as your refraction, or, your eyeglass prescription. This part of your examination is where the doctor, or other staff member flips various lenses inside the devices and asks questions such as "which is better, number 1 or number 2" We keep asking these questions until we have resolved an accurate prescription.

Why do I have to pay for it? Most medical insurance plans, including Medicare, do NOT cover refractions or routine eye examination (when no medical eye problem is known or suspected).

If you have a separate vision plan that covers routine or annual eye examinations and/or glasses, please let us know. Your vision plan may assist you with your eye care needs that are not covered by your medical plan.

Our office fee for a refraction is \$55.00 and this fee is collected at the time of service in addition to any co-payment your plan may require. Should your plan pay us for the refraction, we will reimburse you accordingly.

Is this new? Refractions (CPT code 92015) has been a "non-covered" service since Medicare was created in 1965. Since about 2007, Medicare has been enforcing the policy of requiring eye doctors to charge separately for refractions.

Patient Acknowledgment:

I have read the above information and understand that the refraction is a non-covered service. I accept full financial responsibility for the cost of this service and understand it is due at the time of service. I understand that any co-payment, coinsurance, or deductible I may have are separate from and not included in the refraction fee.

The Refraction acknowledgement is good for one year of signed date. Please understand by signing this form you are authorizing the Provider or Clinician from North Texas Eye Center to complete this test when necessary for once a year.

Print Patient's Name _____ Patient's D.O.B _____

Patient Signature (or Parent for a minor) _____ Date _____

Thank You
For taking the time to learn about refractions

[OFFICE ONLY]

Patients Account # _____ Refraction Form Expires on _____