



**Instructions to Patients
Tricare Non-Covered Services Waiver – Refractions**

Tricare requires ECOA to obtain your consent on this waiver in advance of non-covered services. It is likely that your Tricare coverage will not cover this item and you will need to pay out-of-pocket for this service.

You will need to read the entire document and complete the following and then bring with you to your appointment (this must be completed for every appointment):

- Date
- Sponsor's Printed Name and ID Number (living or deceased, could be the same as patient)
- Patient's Printed Name and ID Number
- Patient's Signature and Date Signed.
- Beneficiary's Signature and Date Signed. (if deceased, patient should sign here also)
- Witness signature and Date (if you sign here at our office we can witness, otherwise someone should witness you signing this waiver)

Form Page 1 and Page 2 to follow



TRICARE NON-COVERED SERVICES WAIVER

Date: _____

Sponsor Name: _____ Sponsor ID: _____

Patient Name: _____ Patient ID: _____

Service Description

Procedure: _____

Approximate Cost: _____

Diagnosis: _____

Date of Service: _____

Provider Name: _____

TIN: _____

Address: _____

Physician Signature: _____

I hereby affirm that I have been informed and I understand that these services are excluded or excludable under the TRICARE Program and therefore all costs associated with these services are not an allowable expense under The TRICARE Program. By signing the TRICARE non-covered services waiver, I am hereby agreeing in advance, in writing, to accept full financial responsibility for all costs associated with the non-covered medical services, described in this document under **"Service Description"** and performed by the named TRICARE Network Provider.

Patient Signature: _____  Date: _____

Beneficiary's or Legal Guardian's Signature: _____  Date: _____

Witness Signature: _____ Date: _____

TRICARE OPERATIONS MANUAL 6010.51-M, AUGUST 1, 2002 CHAPTER 5, SECTION 1

2.5.1. A network provider may not require payment from the beneficiary for any excluded or excludable services that the beneficiary received from the network provider (i.e. the beneficiary will be held harmless) except as follows:

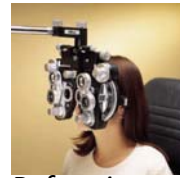
- If the beneficiary did not inform the provider that he or she was a TRICARE beneficiary, the provider may bill the beneficiary for services provided.
- If the beneficiary was informed that the services were excluded or excludable and he/she agreed in advance in writing to pay for the services, the provider may bill the beneficiary. An agreement to pay must be evidenced by the written consent of the beneficiary to pay for the excluded services. General agreements to pay, such as those signed by the beneficiary at the time of admission, are not evidence that the beneficiary knew specific services were excluded or excludable.
- If the beneficiary has been notified, in writing, that the service would not be covered for any reason.

For a list of excluded or excludable services refer to:
TRICARE POLICY MANUAL 6010.54-M, August 1, 2002 CHAPTER 1 SECTION 1.1
ISSUE DATE: June 1, 1999 AUTHORITY: 32 CFR 199.4(g)



**Important Patient Information: Refraction Policy
92015 Determination of Refractive State (Refraction)**

aka: Refraction, Glasses Prescription Refraction, Computer Glasses Prescription Refraction.



A refraction to an Ophthalmologist is as important as the electrocardiogram is to a Cardiologist.

I hereby affirm that I have been informed and understand that the doctor may order a refraction for me today for either medical reasons or to provide me with a new glasses prescription. I understand that if insured my insurance may consider this procedure excluded from my benefits and/or a non-covered benefit. If this is the policy, I understand and agree that if the doctor orders this procedure; I may also have to pay \$35.00 out-of-pocket for it.

FAQs -

- 1. What is a refraction?** This test is a determination of an eye’s refractive error and the best corrective lenses to be prescribed. A series of lenses in graded powers are presented to determine which provides the sharpest, clearest vision.
- 2. Is this test required?** The doctors agree that this test is a necessary element of most visits and it is used to create prescriptions for glasses and/or contact lenses and/or to evaluate possible changes in vision due to medical conditions. This is essential in order to determine if a decrease in vision is due to only a need for glasses, which is easy to correct, or if another medical reason exists.
- 3. Does my insurance plan pay for this test?** The majority of insurance plans designed for medical examination coverage, including Medicare and Tricare will **NOT** cover the refraction. The majority of commercial insurance plans designed for vision examination coverage will cover one (1) refraction every 1 to 2 years depending upon the plan.
- 4. What do you charge for refractions?** The Eye Clinic of Austin charges \$35.00 for each refraction with or without a prescription.
- 5. Can I get another prescription designed especially for computer glasses?** Yes, just inform the doctor. There is an additional, refraction process that is performed with special equipment that is designed to aid the doctor with a specialized glasses prescription which is commonly called a *Prio*® Refraction. The doctor may instruct you to do some measuring at your home and/or office computer and return to our office to finalize your computer glasses prescription. There is an additional fee for this service of \$35.00.

Signature of Patient or Guarantor

Printed Name of Signer

Printed Name of Patient

Date Signed