

# **Robert Chiang, M.D.**

Burleson Eye Institute, P.A.

12001 S. Freeway, Ste. 200  
Burleson, TX 76028  
(817) 447-8383

6100 Harris Parkway, Ste. 370  
Fort Worth, TX 76132  
(817) 433-5540

---

## **Refraction Policy**

Refraction is the part of the exam which determines an eye's refractive error and the best corrective lenses to be prescribed.

**REFRACTION is NOT a service covered by Medicare and many other medical insurance plans.**

These plans consider refraction to be a "vision" service, not a "medical" service. The fee for this service is **\$35**.

This fee is collected at the time of service. Should your plan pay us for the refraction, we will reimburse you accordingly.

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 time of service.

I understand that any co-payment, co-insurance or deductible I may have are separate from and not included in the refraction fee.

Patient initials \_\_\_\_\_

---

## **Missed Appointment Policy**

If you are unable to keep your appointment, we request a 24-hour notice be given. A missed appointment in our schedule will prevent care for another patient in need. An advance notice will allow us to accommodate those patients. If you do not show for an appointment and fail to give a 24-hour notice, there will be \$25 charge to your account. These charges will not be billed to your insurance provider.

Patient's initials \_\_\_\_\_

---

## **Pharmacy Information**

Pharmacy Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I have read the above information and understand the policies as listed above.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_