

- I would like to learn more** about LASIK to reduce or eliminate my need for glasses or contact lenses. LASIK corrects nearsightedness, farsightedness and astigmatism.
- I am not interested in learning** about LASIK.

Your medical plan entitles you to a comprehensive ophthalmic examination. It does not cover a refractive examination as stated in your contractual benefits booklet. **This is the test to determine an eyeglass prescription.** If you choose to have this service, the fee is \$85.00, which is your responsibility and payable at the time of the visit. Please check below stating whether or not you want this test. If you sign and the doctor determines that you do not need the refraction, you will not be charged for it.

- I want the refraction.
- I do not want the refraction.

You are also responsible for all applicable deductibles and co-payments.

DATE

SIGNATURE

