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PHYSICIAN NOTICE TO MEDICARE PATIENTS

Medicare program standards under section 1862 (a) (a) of the Medicare law will deny payment for:

"Refraction - the determination of the best corrective lenses to be prescribed or a change in your glasses prescription (CPT Code 92015),"

For the following reason:

NON COVERED SERVICE

BENEFICIARY AGREEMENT

I have been notified by my physician that he / she believes that in my case, Medicare will deny payment for refraction for the reason stated above. I agree to be personally and fully responsible for the payment.

(Refraction fee is \$35.00 as of 7/1/08).

Beneficiary Signature

Date