

**ADVANCED BENEFICIARY NOTICE (ABN)**

**SMITH VISION CARE, LLC**

\*Insurance does not pay for all health costs. Insurance only pays for covered items and services when internal rules are met.

\*Most major medical plans DO NOT cover routine eye exams. Your exam is considered "routine" when no medical diagnosis is present.

\*If you have a VISION PLAN, your refraction may be covered.

\*Medicare and many other insurance companies DO NOT cover the refraction portion of the eye examination.

**These are examples of services that may not be covered by your insurance**

<b>SERVICE</b>	<b>FEE</b>
REFRACTION	\$45
RETINAL PHOTOS AND RETINAL SCAN	\$49
ANNUAL CONTACT LENS EVALUATION	\$20*
NEW CONTACT LENS FIT AND EVALUATION	\$35*
<i>*This fee is in addition to the \$85 Eye Exam Fee</i>	

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_