

**Chris J. Gualtieri, MD Eye Laser and Vision Center
3969 Fourth Avenue #301 San Diego, CA 92103**

NON-COVERED SERVICES

CERTAIN SERVICES REQUESTED DURING YOUR OFFICE VISIT **MAY NOT BE COVERED BY YOUR INSURANCE PLAN** AND IT WILL BE YOUR RESPONSIBILITY TO PAY FOR THEM. **A FEW EXAMPLES ~**

1. **REFRACTION**. THE PROCESS TO DETERMINE IF YOU NEED A GLASSES OR CONTACTS PRESCRIPTION OR AN UPDATE TO AN EXISTING PRESCRIPTION.
2. **CONTACT LENS EXAMS & EVALUATIONS**. SPECIAL MEASUREMENTS TO DETERMINE WHICH TYPE OF CONTACT LENS IS BEST FOR YOUR EYES AND THEN CHECKING TO SEE IF THEY FIT WELL AND PROVIDE GOOD VISION.
3. **OPTICAL SUPPLIES**. GLASSES OR CONTACTS – UNLESS YOU HAVE “VISION” INSURANCE WITH OPTICAL MATERIAL BENEFITS
4. **“ROUTINE EYE EXAMS”**. EVALUATION OF YOUR EYES AND VISION WHEN THERE IS NO PROBLEM OR MEDICAL EYE CONDITION.
5. **COSMETIC SURGERY**. EYELID LIFTS & TUCKS, SKIN TAGS, BOTOX, LASER VISION CORRECTION, REFRACTIVE SURGERY

“VISION INSURANCE” PLANS MAY COVER REFRACTIONS, GLASSES, CONTACTS AND ROUTINE EYE EXAMS.

FOR YOUR CONVIENCE, YOU MAY PAY FOR ANY RECEIVED NON-COVERED SERVICES AT THE TIME OF YOUR EXAM.

IF YOU **DO NOT** WANT TO RECEIVE ANY NON-COVERED SERVICES, PLEASE TELL OUR STAFF MEMBERS OR THE DOCTOR.

BY SIGNING BELOW, I HAVE READ AND UNDERSTAND THIS INFORMATION.

PATIENT’S OR GUARDIAN’S SIGNATURE

DATE