

Andover Eye



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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 classes 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 \$40.00 as of 1/1/13).

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**Beneficiary Signature**

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**Date**

*Each doctor is independent. Andover Eye Associates, Inc. is a billing and administrative agency.*