

J. Britt Wright, OD
Therapuetic Optometrist
Optometric Glaucoma Specialist

☐ Stephen G. Slade, MD
Surgical Director

## ADVANCE BENEFICIARY NOTICE OF NON-COVERAGE (ABN) Notification of financial liability for services that Medicare never covers.

PROCEDURE/TEST:	REASON MEDICARE DOES NOT PAY:	COST:
• REFRACTION	Non-covered service	• \$45.00
• OCT SCAN	Non-billable with Fundus     Photography (Optomap)	• \$25.00

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Signing below means that you have received and understand this notice.

Signature:	Date / /	