WRIGHT
EYE CARE CENTER

❑ 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 & Commercial insurance may not cover.

PROCEDURE/TEST:	REASON MEDICARE & COMMERCIAL INS. DOES NOT PAY:	COST:
• REFRACTION	• Non-covered service • Routine vision portion	• $45.00
• OCT SCAN	• Non-billable with Fundus Photography (Optomap)	• $25.00

• Read this notice, so you can make an informed decision about your care.

• Ask us any questions that you may have after you finish reading.

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

Signature: _____ Date_____ / _____ / _____

4185 Technology Forest Blvd., Ste. 225 ▪ The Woodlands, TX 77381 ▪ P: **936-297-2031** ▪ F: **281-362-5764**
wrighteye2020.com