

How to choose an optometrist

What an eye test should cost, when it is free, and how to tell an optometrist from the ophthalmologist you may actually need

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A routine eye test is one of the few health checks Medicare covers in full, so the real money is in what happens after it - the glasses, the coatings and the add-on imaging. Knowing which parts are clinical and which are retail is most of the decision.

What it should cost

A standard comprehensive eye examination is a Medicare-rebated service, and many practices bulk bill it, meaning you pay nothing. Where it is not bulk billed, expect a gap of up to roughly \$40 to \$90. Retinal photography or OCT imaging is often offered on top and can add about \$40 to \$90 out of pocket - it is genuinely useful for some people and a routine upsell for others, so ask why it is being recommended for you.

Glasses are where the cost lives. A basic pair with a standard single-vision lens can be \$150 to \$350; progressive lenses and premium coatings push a single pair to \$400 to \$900. Medicare does not pay for glasses. Private health extras often includes an optical limit per year - use it or lose it - and HICAPS lets you claim at the counter.

What the law requires

Optometrist is a protected title. Optometrists must be registered with the Optometry Board of Australia under AHPRA. An optometrist examines, diagnoses refractive error and eye disease, and can prescribe glasses and, within limits, some therapeutic medicines.

An optometrist is not an ophthalmologist. An ophthalmologist is a medical specialist who can perform surgery and manage complex disease, and you normally reach one by referral from a GP or optometrist. If a condition needs surgery - cataract, glaucoma surgery, retinal problems - an optometrist should refer you, not manage it in the chair indefinitely.

Red flags

Imaging or screening sold as compulsory on every visit regardless of your history.

Pressure to buy glasses the same day, with no written quote to compare.

No clear answer on what your health fund will actually cover.

An optometrist who will not refer an obvious surgical condition to an ophthalmologist.

Frames with hard-sell bundling of coatings whose benefit is not explained.

No registration number available, or reluctance to be checked.

What good looks like

They bulk bill the routine exam or tell you the gap up front.

They explain what is clinical and what is optional, and let you take the prescription elsewhere.

They give you a written prescription so you can compare glasses prices.

They refer promptly and specifically when a specialist is needed.

They know your health fund's optical limit and claim through HICAPS.

What to ask

- "Do you bulk bill the standard examination, and what would I pay if not?"
- "Is this imaging test clinically needed for me, or routine?"
- "Are you registered with the Optometry Board of Australia?"
- "What exactly does my health fund cover for frames and lenses this year?"
- "What is the difference in price and benefit between your basic and premium lenses?"
- "Do you have HICAPS so I can claim now?"
- "If you find something serious, who do you refer me to, and how soon?"

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