

Patient's Name: _____

NOTICE OF EXCLUSION FROM MEDICAL INSURANCE BENEFITS

There are items and services for which insurance **will not pay**.

- Medical health insurance does **not** pay for all of your health care costs. Medical health insurance only pays for covered benefits. **Some items and services are not covered insurance benefits and insurance will not pay for them (see examples below)**. Many of these services will enhance the medical care you will receive, though.
- When you receive an item or service that is **not** a covered insurance benefit, **you are responsible** for payment in full at the time of service.

The purpose of this notice is to help you make an informed choice about whether or not you want to receive these items or services, knowing that you will have to pay for them yourself. ***Before you make a decision, you should read this entire notice carefully.*** Ask us to explain, if you don't understand why your insurance won't pay.

Ask us how much these items or services will cost you.

Medical insurance will **not** pay for:

- Routine annual/complete eye care (no disease or pathology on exam) - **\$185 – \$260**.
- Refraction (measurement of eyeglass prescription)- **\$40.00**
- Premium intraocular lenses and post refractive care, refractive surgery (Lasik, PRK, ASA, CK, etc) **\$1200.00- \$2450.00 per eye** depending upon procedure.
- Specialized eye imaging test such as wavefront analysis, corneal topography measurements, and retinal OCT 3D imaging in the absence of corneal and or retinal diseases. **\$75.00 per test. One or more of these tests are often performed during a comprehensive exam to diagnose eye diseases and prior to cataract surgery.**

**** If you have any questions regarding these tests and why they are being performed please ask the technician to explain this to you.**

Because of the following exclusions* from medical health insurance benefits

- Routine eye care
- Cosmetic surgery
- Refractive surgery

Insurance considers refractive surgery performed to reduce the patient's dependence on eyeglasses or contact lenses to be cosmetic, and therefore excluded from coverage.

Additional services associated with such surgery are also excluded.

**This is only a general summary of certain exclusions from insurance benefits. It is not a legal document. The official insurance program provisions are contained in relevant laws, regulations, and rulings.*

Beneficiary Agreement

The undersigned acknowledges receipt and review of the above and accepts full financial responsibility for the services not covered by their insurance.

Date

Signature of patient or person acting on patient's behalf