

# The One-Year LasikPlus® Advantage Plan

## AGREEMENT FORM

### COMMITMENT TO PATIENTS

With the One-Year LasikPlus® Advantage Plan you can have confidence that your investment in better vision will be supported with free post-operative examinations for one year from the date of the original treatment and free enhancements that are considered medically safe and appropriate for one year from the date of the original treatment. If at any time, when you are eligible under The One-Year LasikPlus® Advantage Plan, you have a residual refractive error of one (1) diopter or greater and a retreatment is deemed medically safe and appropriate, then your surgeon will provide you with a retreatment. The retreatment will be free of charge if all eligibility requirements are met; a fee may apply if the refractive error is less than one (1) diopter and a retreatment is still deemed to be medically appropriate.

Retreatment must be related to myopic, hyperopic or astigmatic regression or refractive error caused by natural physiological changes. Reductions in visual acuity due to disease, accident or other unrelated permanent or temporary conditions are not eligible. Correction of refractive error resulting from cataract surgery is not covered under The One-Year LasikPlus® Advantage Plan. Retreatments may not be medically safe and appropriate for patients with a complicated surgical course. Upgrades to more expensive laser platforms, as well as treatment for presbyopia, the common condition requiring corrective reading glasses as one ages, are not covered by The One-Year LasikPlus® Advantage Plan. The decision regarding retreatment will be made between the treating LasikPlus® surgeon and the patient. The surgeon will only perform retreatments that are medically safe and appropriate.

### HOW IS ELIGIBILITY ESTABLISHED?

Eligibility is determined during each examination by the LasikPlus® doctor. Patients must have followed a complete course of post-operative care including post-operative visits at one day, one week, one month or what your doctor otherwise determines to be medically safe and appropriate.

#### **Medical Exclusion Criteria: Patients who have any of the following or similar conditions are not candidates for a retreatment:**

1. Patients whose loss of vision is a result of an accident involving trauma to the eye.
2. Patients with diseases such as poorly controlled diabetes, unstable rheumatoid arthritis, or other auto-immune or collagen vascular conditions.
3. Patients whose cornea is too thin for additional surgery.
4. Patients whose vision is reduced due to irregular astigmatism.
5. Patients diagnosed with an ocular disease such as cataracts\*, glaucoma, diabetic retinopathy, or retinal tear, detachment or degeneration.
6. Patients with presbyopia. Presbyopia is the need for reading glasses that most people develop as part of the normal aging process. Presbyopia requires corrective reading glasses. Presbyopia is excluded from the program.
7. Correction of post-cataract surgery refractive errors.
8. Patients for whom a retreatment would otherwise be medically unsafe or inappropriate.
9. Patients who do not fully disclose pre-existing medical conditions.

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### CONGRATULATIONS!

I understand that if I attend all of my post-operative visits (one day, one week, one month or what my doctor otherwise determines to be medically safe and appropriate), then any retreatments will be free of charge for one year from the date of the original treatment, provided they are deemed medically safe and appropriate and require greater than one (1) diopter of correction. Retreatments that are medically safe and appropriate but are for less than one (1) diopter of correction may incur a fee. I understand and agree that if I do NOT attend ALL of my post-operative visits, I will no longer be eligible for the One Year LasikPlus® Advantage Plan and will pay the standard market price for each retreatment.

**I have read and understand The One-Year LasikPlus® Advantage Plan, and it's eligibility requirements and exclusions, and I hereby agree to such terms.**

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

Patient ID Number: \_\_\_\_\_

Patient Name: \_\_\_\_\_

*\* Some patients may present with very early clouding in the natural lens of the eye which is not present in the field of vision. Based on the assessment of your LasikPlus® doctors, because it is not possible to accurately predict the progression of lens opacities and the development of visually significant cataracts, you may be deemed appropriate for treatment. Regression of the treated vision would be covered in The One-Year LasikPlus® Advantage Plan, but development of visually significant cataracts post treatment will terminate The One-Year LasikPlus® Advantage Plan.*

*The One-Year LasikPlus® Advantage Plan is offered by LCA-Vision, Inc., and is in lieu of ALL other remedies or refunds. Patients who fail to meet all of their financial obligations to LasikPlus® are not eligible for a retreatment under The One-Year LasikPlus® Advantage Plan. The Plan is provided as part of your initial treatment and has no cash value.*

*LasikPlus is a trademark of LCA-Vision, Inc. In most states, businesses not exclusively owned by physicians are prohibited from practicing medicine. For this reason, at most LasikPlus® Vision Centers, medical and optometric services are provided by independent physicians, and medical management services are provided by LCA-Vision Inc. Reproductions of paid professionals and not actual patients are used in promotional materials. For further details on The One-Year LasikPlus® Advantage Plan, please contact your LasikPlus® Vision Center at 1-800-988-5134, or visit our website at [www.lasikplus.com](http://www.lasikplus.com).*

**LasikPlus®** 

[www.lasikplus.com](http://www.lasikplus.com)