

Practice Name  
Address  
City, State, Zip  
Phone Number

Name: \_\_\_\_\_ HIC#: \_\_\_\_\_

**NOTICE OF EXCLUSIONS FROM  
MEDICARE BENEFITS**

**There are items and services for which Medicare will not pay.** Medicare does **not** pay for all of your health care costs. Medicare only pays for covered benefits. **Some items and services are not Medicare benefits and Medicare will not pay for them.** When you receive an item or service that is **not** a Medicare benefit, **you are responsible to pay for it**, personally or through any other insurance that you may have.

- Medicare will not pay for: Presbyopia-correcting intraocular lenses and associated services.
- Because it does not meet the definition of any Medicare benefit.

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 Medicare won't pay. Ask us how much these items or services will cost.

(Estimated Cost for the non-covered services: \$ \_\_\_\_\_).

Surgeon's Fee: \$ \_\_\_\_\_

Surgery Center Fee: \$ \_\_\_\_\_ (Deluxe IOL differential)

Medicare does not cover the difference in cost between using presbyopia-correcting intraocular lenses (IOLs) in cataract surgery compared to using conventional IOLs. Presbyopia is a loss of focusing power resulting in difficulty seeing objects at near distance or close-up. (CMS Ruling 05-01; Transmittal 636)

You are responsible for the usual co-payments and deductibles associated with the covered cataract procedure. You are also responsible for all fees associated with the non-covered refractive services required to insert and monitor the presbyopia-correcting IOL and the deluxe IOL differential. The non-covered (refractive) services may include the following:

- Refractions
- Extended surgical evaluation
- Corneal mapping, wave scans, additional A-scans or IOLMaster
- Routine eye care for contact lens fitting (if required) and extended post-operative monitoring
- Refractive enhancements (if needed) are not included in the above fee.

I have requested that a presbyopia-correcting IOL be implanted during my cataract surgery and accept full financial responsibility for the non-covered services described above.

\_\_\_\_\_  
Patient Signature or Authorized Representative

\_\_\_\_\_  
Date

*(Give 1 copy to patient and keep original document in your files)*