

ClearSight's ICL 20/20 Plan (I20)™

For the Treatment of Nearsightedness, Farsightedness, and/or Astigmatism

This Plan explains our commitment to your better vision under the ClearSight (CSC) ICL 20/20 Plan..

Name:

MRN Number:

DEFINITIONS

These definitions apply only for purposes of this Plan.

- a. **Normal Vision** is defined by the United Nations World Health Organization as 20/20 ± 1 line (i.e. 20/25, 20/20, 20/15).
- b. **Plan Goal Vision (PGV)**. For any covered eye which can see at least 20/20 with glasses or contacts, PGV is defined as 20/20 vision or better. For any covered eye that cannot see at least 20/20 with glasses or contacts, PGV for that eye is defined as its best corrected vision (e.g. if its best vision is 20/30 then PGV will be 20/30). PGV will be measured on the NIH approved ETDRS or Snellen distance visual acuity charts at ClearSight by CSC doctors and staff.
- c. **Post-Operative Period**: The 24 months immediately following your first refractive surgery procedure.
- d. **Enhancement**: A touch-up or retreatment surgery to improve vision. Enhancements will be performed only if CSC doctors believe, in their medical judgment, that they would be reasonably safe and effective.
- e. **Procedure Fee**: Funds paid to CSC for your refractive surgery. Interest, finance charges, medications beyond the starter kit, and all other expenses are not part of the Procedure Fee.
- f. **Presbyopia**: A visual condition which becomes apparent especially in middle age and in which loss of elasticity of the lens of the eye causes defective accommodation and inability to focus sharply for near vision.

WHAT IS INCLUDED: Your Procedure Fee includes your initial ICL procedure and a starter kit of medications designed to cover the typical prescription eye drops needed for the first week. During the Post-Operative Period, it also includes basic follow up exams and any LASIK or PRK Enhancements needed to achieve PGV.

WHAT IS NOT INCLUDED: Your Procedure Fee does NOT include glasses, contact lenses, punctal plugs, drops or medications beyond those in the starter kit, replacement of lost starter kit medications, routine eye exams or exams or treatments resulting from disease, trauma or other causes not related to your procedure. It does not include any procedures beyond the initial ICL procedure and any LASIK or PRK Enhancements needed to achieve PGV. It does not cover the cost of any eye exams past the end of the Post-Operative Period and such exams will be performed at the then current Post-Operative exam fees (currently \$195 to cover such exams for a year).

MONEY BACK PROVISION: If CSC doctors determine that you have not achieved PGV during the Post-Operative Period and that Plan Conditions have been met, CSC will refund your Procedure Fee and CSC will have no further obligations under this Plan. This Plan applies to each eye individually. If both eyes are covered and only one eye achieves PGV, you are eligible for a refund of the Procedure Fee for one eye. Refunds will only be issued once all follow up care is complete and no further procedures or follow up care are required of or by CSC. All refund requests must be made by the end of the Post-Operative Period. There will be no refunds for changes in vision that occur after the Post-Operative Period.

PLAN CONDITIONS: The following conditions may jeopardize the achievement and/or maintenance of better vision and will result in Plan coverage termination:

- a. Failure to provide accurate and complete preoperative and/or post-operative information.
- b. Failure to follow preoperative and/or post-operative instructions.
- c. Failure to schedule and keep all post-operative appointments recommended by CSC doctors.
- d. Failure to use prescribed medications as directed.
- e. Failure to complete the entire course of treatment, including Enhancements, as recommended by CSC.
- f. Alcohol abuse and/or illegal drug use.
- g. Trauma or disease or other causes affecting vision which are outside the control of CSC.
- h. Improper nutrition, including low calorie dieting.

Coverage will also be terminated in the event:

- i. You fail to maintain any procedure payment or financing agreements in a current status.

- j. CSC ceases providing refractive surgery services. In such event, the patient acknowledges that ClearSight Center, their employees, agents, and all others are released from all obligations of this Plan, including its Correction Commitment.

IMPORTANT NOTES: Refractive surgery may not eliminate your need for glasses as it is possible to have refractive surgery and still require glasses for reading, close-up work, night driving, and other activities. Refractive surgery for nearsightedness, farsightedness and/or astigmatism does not eliminate the need for reading glasses due to normal aging of the eye (the condition called presbyopia). Further, achieving improved vision should not be construed as relieving you from satisfying any requirements for having a valid license to operate a motor vehicle. **Medical and surgical outcomes cannot be guaranteed.** and this Plan is not a guarantee that you will achieve or maintain any specific visual outcome nor does this Plan guarantee against the occurrence of complications. This Plan simply offers to provide services as outlined herein. This Plan, and Modification if applicable, together with your medical records (including patient information sheets, informed consents, and similar forms) represents the entire agreement between you and CSC and may not be amended or modified except by signed written agreement.

PATIENT TO INITIAL EACH STATEMENT BELOW:

_____ “I understand this Plan is not a guarantee that I will achieve 20/20 or any other specific visual outcome and I accept the fact that I may achieve Better Vision or better and still require glasses for some activities.”

_____ “I have been given the opportunity to ask questions about this plan and they have been answered to my satisfaction.”

_____ “I have read, understand, and agree to the terms of this Plan and acknowledge receipt of a copy of this Plan.

_____ **“It has been determined the patient qualifies to have ICL on: _____ eye(s).**

Patient’s Signature:

Verified By:

Physician’s Signature:

(Note: This Plan is not valid unless signed by the physician.)