



Laser Vision Correction Options Disclosure

nJoyVision.com // 1.855.462.6569

Notice of Exclusion from Insurance Benefits

Since laser vision correction is considered an elective procedure, most insurance companies do not offer a benefit for the procedure in form of payment. There may be discount programs available to you as long as the insurance company partners with nJoy Vision to offer this benefit. Please bring the attention of your insurance coverage and discounts plans you are aware of to a nJoy Vision representative prior to your procedure day.

Enhancement Procedures

In the event that an additional procedure is required to enhance your vision and is medically advisable, the center fee for that procedure will be at no cost to you for a total of 12 months following your initial procedure. For any enhancement procedure, the cost of pre-and postoperative care is not included. If the original surgeon is not available, there may be an additional surgeon fee. If an additional refractive procedure is desired after the primary 12-month period, 50% of the retail price for the same technology/procedure as originally performed will be charged.

Monovision Patients

If an eye is treated for near vision (known as monovision), the enhancement policy for that eye is solely based on the refraction targeted at the time of the initial procedure. In the event that a patient desires a different refraction or point of focus for the monovision treated eye, a nominal surgical fee will be charged if the procedure is considered medically advisable.

Postoperative Exams

nJoy Vision and your eye care physician will outline a post-op exam plan that best suits the procedure that you will be having. You agree to keep all post op exams during the healing period until officially discharged by the physician. Any deviation from the post op period protocol may jeopardize your enhancement procedure options. And since annual eye exams are crucial to general health wellness, you commit to have an annual eye exam every year at your own expense.

<p>Dilated Exam Scheduled With Dr. _____ On _____ at _____</p> <p>Repeat Testing On _____ at _____ _____</p>	<p>Procedure Scheduled With Dr. _____ On _____ at _____</p> <p><i>Bring a driver and completed consent form to appointment</i></p> <p>1 day Appt. Scheduled With Dr. _____ On _____ at _____</p>	<p>_____ LASIK / _____ PRK</p> <p>_____ Right Eye (dist or near)</p> <p>_____ Left Eye (dist or near)</p> <p>Procedure Fee total _____</p> <p>Includes _____/mo post op care</p>
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Day of Surgery (Payment is due in full prior to your surgery date)

- + Fill any prescriptions for surgery prior to coming in for surgery (we will provide post op instructions on the day of your procedure)
- + Bring completed consent form to your surgery appointment
- + Eat and take any regular medications prior to your procedure, unless instructed otherwise
- + Do not apply any scented products or eye make up
- + Wear comfortable, warm clothing
- + Financing is available through CareCredit.com
- + Expect your procedure appointment to last about 2 hours

My signature below indicates that I have read this form, it has been explained to me and I agree to the information written in it. I acknowledge receipt or the opportunity to receive the VISX Patient Information Booklet.

_____	_____	_____
signature	patient name	date
_____	_____	_____
nJoy Vision representative		date