

SAMPLE NEHB FOR SURGEON OR FACILITY
(Customize top of form with practice name, address and phone number)

Patient's Name: _____

ID #: _____

NOTICE OF EXCLUSIONS FROM HEALTH PLAN BENEFITS (NEHB)

There are items and services for which your health plan will not pay.

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

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 you will have to pay for them yourself. **Before you make a decision, you should read this entire notice carefully.**

- If you do not understand why your insurance will not pay, ask us to explain.
- Ask us how much these items or services will cost you. (Estimated Cost: \$ _____)

Your health plan will not pay for:

1. The astigmatism-correcting aspect of a toric intraocular lens (ACIOL).
2. Marking the axis of astigmatism on the eye at the outset of cataract surgery.
3. Any modality to fix residual astigmatism (e.g., limbal relaxing incisions, corneal relaxing incisions, astigmatic keratotomy, LASIK, etc.)

↑ **1. Because it does not meet the definition of any covered benefit.**

Your health plan policy prohibits payment for cosmetic refractive surgery including astigmatism-correcting IOLs.

↑ **2. Because your health plan will only pay for:**

Your health plan will only pay for standard cataract surgery including the required examinations, testing, follow-up care, and a conventional IOL.

Implantation of an astigmatism-correcting IOL and the related services are not medically necessary. Choosing an astigmatism-correcting IOL is optional. The major difference between cataract surgery with a traditional IOL versus cataract surgery with an astigmatism-correcting IOL is the degree of dependence on prescription eyeglasses thereafter; it is probably less with the astigmatism-correcting IOL. In addition to the cost of the non-covered items and services, you are responsible for the usual co-payments and deductibles associated with covered services (i.e. cataract surgery).

I have read and understood this agreement.

Patient Signature (or designee)

Date