



**MASSACHUSETTS EYE AND EAR INFIRMARY
AUTHORIZATION TO INSERT PRESBYOPIC LENS DURING CONVENTIONAL CATARACT SURGERY**

1. I have decided to have conventional cataract surgery
2. I have requested that my physician use an alternative replacement lens (a presbyopic lens) during my conventional cataract surgery. My cataract surgery will involve my receiving a special intraocular lens called an accommodating intraocular lens. The purpose of this lens is to reduce or eliminate presbyopia and mono vision after conventional cataract surgery.
3. I understand that accommodating intraocular lenses are not medically necessary and will not be paid for by my insurance company or by any additional payor including Medicare. As such, I will be personally responsible to pay for the additional charge for the cost of the accommodating intraocular lenses.
4. I understand that the hospital will bill my insurance company or other payor, including Medicare, only for the conventional cataract surgery.
5. The additional charge for the upgrade to accommodating intraocular lenses is:
 - Hospital charge (lens) - \$908
6. By my signature below, I acknowledge that I have read and understood the above information and have had all of my questions answered, and agree to accept personal responsibility for payment in full of the above charges to the hospital for the accommodating intraocular lens. I further understand payment responsibility for charges related to any future refractive supplies and/or procedures will be determined as may become necessary.

Signature of patient

Date

Signature legally responsible party other than patient

Date

Physician (print name)

Right eye (OD) / Left eye (OS)

Date of Surgery _____

* To make payment arrangements, please call the Financial Counselors at (617)573-3073 or (617)573-4098