



**475 Prospect Ave
West Orange, NJ 07052
973-325-3475
973-325-3478 (fax)**

LONG-TERM ASSURANCE PROGRAM

Clarity Refractive Services is happy to extend its **Long-Term Assurance Program (LAP)** to eligible patients who undergo laser vision correction surgery. The LAP reflects our confidence that you will obtain and maintain an outstanding result. Eligible patients who are medically qualified will be entitled to a laser enhancement procedure at no additional cost for life.

The need for additional treatments after a primary procedure is not common and is always included with the initial fee at any time during the first year after your treatment. If you are concerned, however, about the longevity of your procedure, then the LAP is your assurance that your initial investment in good vision may last a lifetime. Not all patients are eligible for the LAP, but if you are, you are automatically enrolled in the program.

Please review the eligibility guidelines on the next page and feel free to discuss this further with Dr. Fox, Dr. Malley, or Dr. Ross.

Eligibility Requirements for the Long-Term Assurance Program (LAP)

- Pre-treatment prescription less than -10.00 or +2.00 pre-operatively.
- If prescription is outside these parameters, the LAP will be extended at the discretion of the Medical and/or Clinical Director.
- To maintain eligibility for the LAP, you need to have a **yearly comprehensive eye exam** performed by your eye doctor. The LAP does not cover the charge for this examination; you would be responsible for any charges. The LAP also does not cover pre- and post-operative care for an enhancement.
- Enhancements (with the same technology) are usually done when your post-operative prescription is -1.00 or +1.00 or higher, with an uncorrected visual acuity of 20/40 or higher. Findings less than these parameters will be evaluated by the Clinical and/or Medical Director, who will determine if an enhancement is the correct action.
- The primary procedure and an enhancement are usually safe and effective. A third treatment (or second enhancement) will be done at the sole discretion of the Medical Director, who together with you will decide the safety of doing another procedure.
- **Monovision patients** (leaving one eye corrected for reading) **are excluded from the LAP.** The reading eye will not be adjusted with time as ordinary reading glasses are adjusted. The distance-seeing eye is still covered by the LAP.
- There may be a fee charged if the surgeon feels that you need a non-laser treatment to correct any residual refractive error. This will be discussed with you prior to your initial procedure.
- Newer or updated technology enhancements may incur a difference charge; i.e., if newer technology procedure costs more, you may have to pay the difference.

Exclusion Criteria

- Loss of vision due to an accident or trauma to the eye
- Patients with systemic diseases that affect the eye (e.g., diabetes, autoimmune disorders)
- Patients with thin corneas as determined by the Medical or Center Director
- Reduced vision as a result of irregular astigmatism
- Patients who have had previous refractive surgery (RK, ALK or other)
- Patients with intraocular lens implants
- Patients who have had a refractive laser procedure performed elsewhere
- Patients diagnosed with ocular disease, including but not limited to cataract, glaucoma or macular degeneration
- Patients who are seeking re-treatment as a result of progressive presbyopia or reversal of monovision (normal aging)
- The eye adjusted for reading in monovision patients
- Any incidental costs incurred by the patient are the patient's responsibility

_____ I have read the above program, and I understand that **I am eligible** to participate in the **Lifetime Assurance Program**.

_____ I have read the above program, and I understand that **I am not eligible** to participate in the **Lifetime Assurance Program**. I am eligible for the same-technology re-treatment at no charge if it is within one year of my initial procedure and is medically advisable as determined by the surgeon.

Patient Signature

Clarity Refractive Staff Signature

Patient Name (print)

Clarity Refractive Staff Name (print)

Date

Date