

**MONTGOMERY SURGERY CENTER
 WAIVER FOR POTENTIAL NON-COVERAGE
 FOR RESTOR / TORIC INTEROCULAR LENS**

Patient's Name	Date of Service	Patient's Account Number	Interocular Lens / TORIC	RESTOR & TORIC IOL PRICE
			CPT CODE V2797	TORIC \$545.00
				RESTOR \$945.00

Please be advised that your health insurance has informed us that they will not cover the Vision Accessory, Deluxe Intraocular Lens provided to you by Montgomery Surgery Center. If you elect to have the Vision Accessory Lens supplied by Montgomery Surgery Center, please be advised, in advance, that the payment for the Vision Accessory Lens will be your personal responsibility if your insurance company will not reimburse us for the Vision Accessory Lens.

Your signature below indicates that you have received this advance notice of potential non-coverage for the Vision Accessory Lens and you are accepting the responsibility for payment of the Lens you receive.

Guarantor's Signature **Date**

Witness Signature **Date**