

***THE MEDICAL EYE CENTER***  
***DR. GAGAN J. SINGH, M.D.***  
**WAIVER FOR POTENTIAL NON-COVERAGE**  
**FOR RESTOR / TORIC INTRAOCULAR LENS**

Patient's Name	Date of Service	Patient's Account Number	Interocular Lense / TORIC	RESTOR & TORIC IOL PRICE
			CPT CODE V2797	TORIC \$600 RESTOR \$600

**Please be advised that your health insurance has informed us that they will not cover the Vision Accessory, Deluxe Introcular Lens surgery. If you elect to have the Vision Accessory Lens surgery performed by Dr. Gagan J. Singh, M.D., please be advised, in advance, that the payment for this surgical service, will be your personal responsibility.**

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

<b>Guarantor's Signature</b>	<b>Date</b>