

REQUEST FOR COVERAGE OF BILATERAL SIMULTANEOUS LASIK

OMIC
OPHTHALMIC MUTUAL
INSURANCE COMPANY
(A Risk Retention Group)

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To qualify for coverage of bilateral simultaneous LASIK, insureds must comply with each of the requirements listed below:

- 1** The physician must have sufficient prior experience performing unilateral LASIK with results satisfactory to both the patient and the physician.

Please indicate the number of cases you have successfully performed _____.
- 2** The physician must demonstrate monovision to presbyopic patients and afford such patients the opportunity to select monovision as a surgical option. This must be documented in the medical record.
- 3** Bilateral simultaneous LASIK patients must read and sign the attached **Addendum to Informed Consent for Bilateral Simultaneous LASIK**, developed by OMIC, or a similarly acceptable bilateral consent form.
- 4** Physicians seeking coverage of bilateral simultaneous LASIK must undergo review and approval.

"I hereby agree to comply with OMIC's underwriting requirements for bilateral simultaneous LASIK. I understand that failure to comply with OMIC's requirements (other than deviations specifically approved by OMIC) or to notify OMIC promptly of changes in my protocol may result in uninsured risk or termination of coverage."

Applicant's Signature (Please do not use signature stamp.)

Date

Applicant's Name (Please type or print.)