

OMIC
OPHTHALMIC MUTUAL INSURANCE COMPANY
(A Risk Retention Group)

EXCEPTION REQUEST FOR COVERAGE OF PHAKIC IMPLANTS

1. Patient name, initials, or medical record number: _____
2. Age: _____
3. Gender: Male Female
4. Pre-operative refraction: OD: _____ OS: _____
5. Uncorrected visual acuity: OD: _____ OS: _____
6. Best corrected visual acuity: OD: _____ OS: _____
7. Anterior chamber depth: OD: _____ OS: _____
8. Degree of cataracts: OD: _____ OS: _____
9. Patient's visual complaints: _____

10. Other options:

Options discussed	Reason(s) declined
<input type="checkbox"/> LASIK	_____
<input type="checkbox"/> PRK	_____
<input type="checkbox"/> RLE	_____
<input type="checkbox"/> Monovision	_____

11. Other factors supporting rationale for phakic implants: _____

12. Phakic lens to be used (if exception approved): Staar Visian ICL Ophtec/AMO Verisyse

Insured's Name

Signature

Date