

ABDEL ELBASH, MD Cataract Surgery

LASER CONSENT FORM

Laser assisted cataract surgery differs from traditional cataract surgery because it involves the use of a femtosecond laser to remove the cataract. The eye is thoroughly mapped and measured to ensure that the surgery is executed as accurately as possible. The map and measurements are used during the laser-assisted cataract surgery ensuring the path of the laser is unique to the eye and specific measurements taken, making the procedure highly accurate. Under laser-assisted cataract surgery, patients only receive the most individualized care, since the mapping and 3-D measurements are completely unique to the patient.

Unlike traditional cataract surgery, laser-assisted cataract surgery is completely bladeless, which lowers the risk of infection or other complications. Compared to traditional cataract surgery, laser-assisted cataract surgery is considered a minimally invasive procedure. The laser breaks up the cataract quickly, and is then removed from the eye. After the cataract has been removed, Dr. Elbash will implant an intraocular lens.

Although laser-assisted cataract surgery is minimally invasive, there is healing that needs to occur after the procedure. Most patients who undergo laser-assisted cataract surgery find that they have clearer vision just one day after surgery. Common side effects after the procedure include itchy eyes, sensitivity to light, and fluid discharge. You may receive anti-inflammatory eye drops, which help speed up the recovery process, and can help protect the eye from infection. After a few days, any lingering symptoms or side effects should clear, leaving you able to go back to your normal day to day activities.

Laser-assisted cataract surgery is NOT covered by any insurance. It cost an additional \$1,200.00 and is due **at least 2 business days before the surgery date.**

- I consent to LASER CATARACT SURGERY
- I understand that failure to pay the coverage for laser-assisted cataract surgery may result in the cancellation of my procedure and I may be held liable for any resulting cancellation fees. I understand that coverage of a procedure through my insurance does not guarantee I cannot be billed for any or all portions of the procedure.
 - I understand that all coverages are variable and subject to variations within my individual plan (coins, copay, deductible)
 - I understand that it is my personal responsibility to confirm any benefits or coverage needs with my insurance prior to the procedure.
- I agree that I am financially liable to all charges arising from my treatment.
- I accept that Loudoun Ophthalmology Associates verifies my insurance eligibility however, exact insurance benefits cannot be determined until the health plan receives the claim.
- I agree to accept financial responsibility for all medical services or supplies received by me.
- I understand the use of laser assistance during cataract surgery is NOT covered by insurance and therefore I will be held liable for the laser-assistance fee of **\$1200**

Signature: _____ Date: _____

Patient Name: _____