

Enhancement Procedures

Ophthalmology Partners, Ltd. Is happy you have chosen Dr. Fountain to perform your surgery. It has been determined that your surgery is medically necessary and therefore covered by third-party insurance.

While Dr. Fountain will strive for a satisfactory surgical outcome, results cannot be guaranteed for a variety of reasons including effects of intraoperative anesthesia, degree of intraoperative bleeding and postoperative swelling and the unpredictable nature of wound-healing. In the event that further surgery is needed or desired, there is a possibility that your insurance company will no longer consider the procedure to be medically necessary *even if the initial surgery qualifies as a covered procedure*. In this event, should you choose to pursue subsequent enhancement surgery, the surgeon, hospital and anesthesia charges will be your responsibility.

Your signature below confirms acceptance of the financial terms of non-covered surgical procedures. Again, thank you for choosing Ophthalmology Partners, Ltd. For your eye care needs.

_____ Date_____