

## Consent Form for Patient Payment of Specialty Lens

All cataract surgery involves removal of the clouded lens, and implantation of a replacement lens. In BC, the insured implant for cataract surgery is the foldable monofocal intraocular lens. **Specialty lenses (those intended to give less dependence on use of spectacles) are not insured and are provided on a patient-pay basis only.**

I understand that there is an insured monofocal foldable lens provided by the Health Authority at no cost to me. This lens is what is medically required to replace my cataract lens.

I request, as a matter of my own preference, provision of the specialty lens described below, which is not medically required, and not insured. I understand that specialty lenses (which are intended to correct vision beyond replacement of the clouded lens) are not benefits under the *Hospital Insurance Act*, as this service is not medically required.

I acknowledge that the physician has clearly communicated to me the risks and benefits of the non-insured lens relative to the insured lens.

I understand this lens will be provided by the health authority/hospital (not the surgeon), and that payment is due to the health authority/hospital. The cost to me is the difference in cost between the item I have chosen, and the insured lens.

I accept responsibility for payment to the health authority/hospital of the cost stated below **(lens information to be completed by surgeon office)**

I understand that if, during the course of surgery, the surgeon has to use a different lens (other than the lens I paid for) then I will pay, or receive a reimbursement for, the difference in cost.

	PREFERRED or ALTERNATE 1	MANUFACTURER	NON MSP INCREMENTAL COST OF	INCREMENTAL COST OF
MONOFOCAL		B&L (MX60US)	\$212.60	\$127.60
MONOFOCAL - TORIC		Alcon	\$587.60	\$502.60
		AMO	\$587.60	\$502.60
		I-Med	\$587.60	\$502.60
		B&L (MX60T)	\$587.60	\$502.60
		Starr	\$428.70	\$343.70
MULTIFOCAL		Alcon	\$964.60	\$879.60
		AMO	\$987.60	\$902.60
MULTIFOCAL - TORIC		Alcon	\$1262.60	\$1177.60
		AMO (ZMB/ZMA)	\$987.60	\$902.60
		AMO (ZMT)	\$1262.60	\$1177.60
ACCOMODATIVE		B&L	\$987.60	\$902.60
BIFOCAL		Clarion	\$1,387.60	\$1,302.60
OTHER (please specify)				

\*Note: prices subject to change based on Provincial market conditions/Pricing net cost of insured lens

\_\_\_\_\_  
**Print Name of Patient**

\_\_\_\_\_  
**Patient PHN**

\_\_\_\_\_  
**Signature of Patient**

\_\_\_\_\_  
**Date**

**SURGEON:** Provide copy to patient.

Revised October 2, 2014