

Allen Eye Associates, PA,  
1511 W. McDermott, Suite 100  
Allen, TX 75013  
Alleneye.com



allenEYE.com

Patient's Name: \_\_\_\_\_

## NOTICE OF EXCLUSION FROM HEALTH PLAN BENEFITS

You need to make a choice about having **LipiFlow**. This service is not a covered benefit and consequently your health plan will not pay for it. When you receive a service that is not a covered benefit, you are responsible to pay for it.

The purpose of this notice is to help you make an informed choice about whether or not you want to receive these items or services, knowing that you will have to pay for them yourself. Before you make a decision about your options, you should read this entire notice carefully. ***Ask us to explain, if you don't understand why your health care service plan won't pay.***

Your doctor has recommended **LipiFlow**. **LipiFlow is the only electronic device cleared by the US Food and Drug Administration (FDA) for treatment of (MGD) Meibomian gland dysfunction with clinical studies that demonstrate safety and effectiveness. LipiFlow utilizes Vectored Thermal Pulsation technology and a patented algorithm of precise heat that is applied to the inner eyelids with directed gentle massage to remove blockages from the meibomian glands. This treatment is designed to restore the natural oil flow to the tear film that covers the eye's surface.**

You are responsible for all of the fees associated with a non-covered service. The charge for the professional fee is \$775 for both eyes.

Beneficiary Agreement	
Accordingly, the undersigned accepts full financial responsibility for the non-covered services described above.	
_____	_____
Signature of patient or person acting on patient's behalf	Date