


REFRACTIVE SURGERY LIFETIME ASSURANCE PLAN ENROLLMENT

Congratulations! You've made the decision to have your laser vision treatment with Tylock-George Eye Care. We are committed to helping you open a new chapter in your life, free from contacts and glasses. At Tylock-George Eye Care, we are so confident of the high quality of vision that our patients achieve after surgery, that we offer you a Lifetime Assurance Plan with your original treatment purchase.

If at any time you experience changes to your visual acuity, you will receive a same-technology enhancement procedure free of charge when deemed medically appropriate by Dr. George or your attending doctor. *

While perfection cannot be guaranteed, with the Lifetime Assurance Plan, we can help you maintain your best personally achievable vision throughout your life. After completion of your initial laser vision correction surgery at Tylock-George Eye Care, you can elect to enroll in the Lifetime Assurance Plan.



Eligibility Requirements

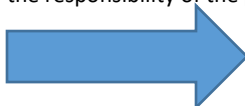
- Lifetime Assurance Plans are available to all who are qualified by a Tylock-George Eye Care doctor to enroll in the plan at the time of their laser vision correction procedure.
- To maintain eligibility in the Lifetime Assurance Plan, you must complete one annual routine eye exam from Tylock-George Eye Care, one of our trusted partnering Optometrists, or any other qualified eye specialist. **
- Patients must followed a complete course of post-op care that their doctor determined to be medically appropriate, including the recommended post-operative visits at 1 day, 2 week, 1 month, and 6-to-12 months.

- Tylock-George Eye Care will only perform re-treatments that are medically appropriate. Prior to utilizing your Lifetime Assurance Plan for an enhancement procedure, our surgeon will reevaluate your vision and your eyes to ensure that you are a good candidate for an additional LASIK enhancement surgery.
- This plan is offered at no additional cost, has no cash value, and is non-refundable if not utilized. The plan only stays in effect as long as Dr. Michael R. George owns and operates Tylock-George Eye Care.
- These plans are only eligible to patients having their initial laser vision treatment with Tylock-George Eye Care and have been correctable to 20/20 vision at the time of the initial treatment and prior to the enhancement.
- Certain changes in your visual system may affect your ability to have an enhancement procedure. The re-treatment enhancement procedure covered in the Lifetime Assurance Plan must be related to a change in the refractive error originally treated, (myopic, hyperopic, or astigmatism) and not related to other changes in your vision or eye diseases such as cataracts, glaucoma, macular degeneration, or diabetes. Other disqualifying eye conditions include collagen vascular disorders, thin cornea, keratoconus, corneal ectasia, or irregular astigmatism.
- You must have sufficient cornea thickness to allow for safe treatment.
- Reductions in vision due to disease, accident, or other unrelated permanent or temporary conditions are not eligible. Correction of refractive error resulting from cataract surgery (or other eye surgeries like retinal surgery) is not covered under The Tylock-George Lifetime Assurance Plan.

You should feel assured in choosing Tylock-George Eye Care for your laser vision treatment.

- * Charges for medications needed for healing after surgery are not included in the Lifetime Assurance Plan, and will be the patient's responsibility to purchase either from our office or their local pharmacy. New or different technology may incur an added charge.
- ** Annual eye exams are the financial responsibility of the patient and are able to be billed to your medical insurance.
- *** This program does not guarantee a lack of complications or 20/40 or better vision the rest of the patient's life.

I have reviewed the above eligibility criteria and exclusions for the Lifetime Assurance Plan with Tylock-George Eye Care. I understand that if I fall outside of these parameters, I will not be eligible for this program. Fee associated with enhancements performed outside of this program will be the responsibility of the patient.



Name/Chart#: _____ **Patient Signature/Date:** _____