

POLICY ACKNOWLEDGMENT FORM

COVERAGE FOR COMPLICATIONS FROM COSMETIC SURGERY

Patient's name: _____

Procedure(s): _____

Date of procedure(s): _____ / _____ / _____

Most health insurance plans do not cover cosmetic surgery or the complications that may arise as a result of undergoing cosmetic surgery. Because we are participating board-certified surgeons with Aesthetisure, you are covered for certain medical expenses that could arise from complications following one or more of the following elective cosmetic surgery procedures.

COVERED PROCEDURES

- Abdominoplasty
- Arm Contouring
- Breast Augmentation
- Revisional Breast Implant
- Breast Lift
- Breast Reduction
- Browlift
- Buttock Lift
- Calf Implants
- Capsulectomy
- Cheek Implants
- Chin Augmentation
- Chin Reduction
- Cosmetic Eyelid Surgery
- Face Lift
- Facial Rejuvenation
- Labiaplasty
- Liposuction
- Lower Body Lift
- Male Breast Surgery
- Mandibular Implant
- Neck Lift
- Otoplasty
- Rhinoplasty
- Scar Revision
- Thigh Lift
- Upper Body Lift

Benefits are available **only*** if you are required to seek medical attention in an Emergency Room, hospital, or accredited surgical center within **45 days**** following a Covered Procedure, for the following Covered Complications.

COVERED COMPLICATIONS

CARDIOPULMONARY RELATED

- Myocardial Infarction
- Rule Out Myocardial Infarction
- Arrhythmia
- Hypoxia
- Pulmonary Dysfunction
- Pulmonary Embolus
- Rule Out Pulmonary Embolus
- Fluid Overload
- Cardiac Arrest
- Shock
- Deep Vein Thrombosis
- Rule Out Deep Vein Thrombosis*

SURGERY RELATED

- Hemorrhage
- Infection
- Capsular Contracture**
- Rule-Out Infection*
- Hematoma

ANESTHESIA RELATED

- Severe Hypotension (*systemic BP equal to or less than 80, three hours after the Covered Procedure*)
- Severe Hypertension (*systemic BP equal to or greater than 200 or diastolic BP equal to greater than 100, three hours after the Covered Procedure*)

*Rule out deep vein thrombosis and rule out infection limits payable to outpatient facilities (not done in ER, hospital or accredited surgical center).

**Coverage period for complication of Capsular Contracture only is extended to twelve (12) months following a Covered Breast Augmentation Procedure.

LIMITS SCHEDULE (PREMIER)

Medical Expense	Aesthetisure Premier Limits
Inpatient Hospital Expense	\$10,000 per day up to a maximum of 45 days
Intensive Care/Trauma Expense	Additional \$2,000 per day up to a maximum of 10 days
Emergency Medical Expense	\$5,000
Ambulance Expense	\$2,000
Follow-Up Outpatient Physician Expense	\$2,500
Outpatient Expense to Rule Out Deep Vein Thrombosis	\$1,000
Outpatient Expense to Rule Out Infection	\$1,000

All bills are paid based on usual and customary charges

Please note the list of complications listed in this document is all inclusive. If you should have a complication that is not listed or if your complication is not severe enough for you to seek care in the ER, hospital, or accredited surgical center there is no benefit available. The only exception to this is if you are sent to a physician or outpatient facility to determine whether or not you are experiencing a deep vein thrombosis (blood clot) or infection. This can be done in a non-hospital setting. If you do receive treatment for a covered diagnosis, *Aesthetisure* coverage does not continue past 6 months from the date of the original qualifying admission due to a covered complication. Any expenses not covered by *Aesthetisure* are your responsibility.

I have been given the Aesthetisure Brochure and I understand the information listed herein. I have been given the opportunity to ask questions and my questions have been answered fully about this benefit.

Patient Signature

Date

Witness Signature

Date



Aesthetisure

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PROTECT YOUR PROCEDURE