

Patient Name:

Procedure(s) Date:

Date of Birth:

Surgeon Name:

Policy #:

PIS Reg#:

CosmetAssure coverage is provided to all participating surgeon's patients having one or more Covered Procedures. If a patient develops a Covered Complication (shown below) within **45 days** of the original elective Covered Procedure (shown below) and is admitted to an accredited† facility, CosmetAssure will pay usual and customary Covered Expenses incurred by the patient up to the applicable Maximum Limits (shown below).

Covered Procedure(s)

- Abdominoplasty^{NS}
- Arm Contouring
- Breast Augmentation
- Revisional Breast Augmentation
- Breast Lift
- Breast Reduction
- Browlift
- Buttock Lift^{NS}
- Calf Implants
- Cheek Implants
- Chin Augmentation
- Chin Reduction
- Cosmetic Eyelid Surgery
- Facial Rejuvenation
- Facial Resurfacing^{NC}
- Hair Replacement Surgery^{NC}
- Labiaplasty
- Liposuction
- Lower Body Lift^{NS}
- Male Breast Surgery
- Mandibular Implant
- Otoplasty
- Neck Lift
- Rhinoplasty
- Scar Revision
- Thigh Lift^{NS}
- Upper Body Lift^{NS}

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

- Capsular Contracture*
- Hematoma[‡]
- Hemorrhage
- Infection[‡]
- Rule Out Infection[‡]

Anesthesia Related

- Severe Hypotension (systolic BP equal to or less than 80, three (3) hours after the Covered Procedure.)
- Severe Hypertension (systolic BP equal to or greater than 200 or diastolic BP equal to or greater than 100, three (3) hours after the Covered Procedure.)

[†]Accreditation requirements include JCAHO, AAAHC, AAAASF or Medicare approval.

^{*}Capsular Contracture is covered if diagnosed within 18 months and treatment completed within 24 months from the date of the original primary breast augmentation with implant procedure

[‡]Infections and hematomas that are related to the Covered Procedure

Limits Schedule

Medical Expense	Maximum Limits
Inpatient Hospital Expense	\$5,000 per day up to a maximum of 45 days
Intensive Care / Trauma Expense	Additional \$1,000 per day up to a maximum of 10 days
Outpatient/Emergency Medical Expense	\$3,500
Ambulance Expense	\$2,000
Follow Up Outpatient Physician Expense	\$1,500
Outpatient Expense to Rule Out DVT	\$750
Outpatient Expense to Rule Out Infection	\$750
Outpatient Expense for Capsular Contracture	\$2,500 (plus any remaining OEM** up to a max of \$3,500)

**Outpatient/Emergency Medical Expense

Claim Information

The information shown here is outlined in the patient brochure and CosmetAssure.com

In the event a complication arises: (1) contact your surgeon's office and (2) provide a copy of this form to the treating facility.

Treating facilities should send correspondence directly to the claims administrator at:

Intercare

P.O. Box 52810 P 800.848.2686 x1063
Bellevue, WA 98004 F 916.781.5566

ClaimsManagement@IntercareIns.com

Please Note: The list of Covered Complications 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 an ER, hospital, or accredited surgical center there is no coverage 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 an infection, deep vein thrombosis, or blood clot. This can be done in a non-hospital setting. If you do receive treatment for a Covered Complication, Medical Expenses are payable for 6 months from the date of the original Covered Complication or until the limit is exhausted. Any expenses not covered by CosmetAssure are your responsibility. CosmetAssure should be run as secondary insurance, or primary if no other insurance exists. Coverage is underwritten by Lone Star Alliance, a Risk Retention Group.

I have been given the CosmetAssure 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 coverage.

Patient Signature: _____

Date: _____