LASER EYE SURGERY CENTER SUPPLEMENTAL

For laser eye (refractive) surgery centers offering LASIK, PRK, SMILE, and enhancements, including centers that work with comanaging optometrists. General ophthalmology uses CWCO-SUP-OPHTH. Complete with ACORD 125 and the carrier's medical professional liability application. Attach a CV and board certification for each provider, a list of procedures performed with annual volumes, and ten years of loss runs for every provider and the practice entity.

1 APPLICANT / PRACTICE INFORMATION

PRACTICE LEGAL NAME | DBA | FEIN | YEARS IN PRACTICE

PRIMARY OFFICE ADDRESS | CITY / STATE / ZIP | WEBSITE

Entity type:

☐ Sole proprietor ☐ Professional corporation / PLLC ☐ LLC ☐ Partnership ☐ MSO / private-equity affiliated

PRIMARY CONTACT / TITLE | PHONE | EMAIL

GROUP NPI | NUMBER OF OFFICE LOCATIONS | PROPOSED EFFECTIVE DATE

2 OPERATIONS

Providers to be insured:

NAME	SPECIALTY / SUBSPECIALTY	BOARD CERTIFIED (Y/N)	YEARS IN PRACTICE	HOURS PER WEEK

Staff:

☐ Physicians ☐ PAs / NPs ☐ CRNAs ☐ Nurses / MAs ☐ Other employees ☐ Patient visits per year

Where care is provided (check all that apply):

☐ Office ☐ Hospital (privileges) ☐ Ambulatory surgery center ☐ Practice-owned ASC or procedure suite ☐ Nursing homes / post-acute ☐ Telehealth

2-1 Do any providers work as locum tenens or moonlight for other employers? ☐ Yes ☐ No

IF YES, EXPLAIN

2-2 Do PAs or NPs see patients without a physician on site? ☐ Yes ☐ No

IF YES, EXPLAIN

Ownership:

☐ Surgeon-owned ☐ Corporate / multi-site ☐ Franchise ☐ Hospital or ASC-based

LASIK PER YEAR | PRK PER YEAR | SMILE PER YEAR | ENHANCEMENTS PER YEAR

EXCIMER / FEMTOSECOND LASER MAKE AND MODEL | REFERRING / COMANAGING OPTOMETRISTS

3 EXPOSURE & RISK QUESTIONS — CANDIDATE SCREENING & CONSENT

In 2026, a Colorado jury awarded about $8 million to a pilot whose career ended after post-LASIK ectasia. The screening device's default warning settings had been changed, and jurors found the center's screening policies and training inadequate.

3-1 Is corneal tomography and pachymetry required before every procedure? ☐ Yes ☐ No

IF NO, EXPLAIN

This supplemental is an intake document. It does not replace any carrier application and affords no coverage.

3-2 Are screening device warning settings locked at the manufacturer's defaults and audited? ☐ Yes ☐ No
IF NO, EXPLAIN

3-3 Are written ectasia risk criteria used to turn candidates away? ☐ Yes ☐ No
IF NO, EXPLAIN

3-4 Does the surgeon personally make the final candidacy decision? ☐ Yes ☐ No
IF NO, EXPLAIN

WHO PERFORMS PRE-OP SCREENING (MD / OD / TECH)	SHARE OF CANDIDATES TURNED AWAY (%)

3-5 Does informed consent follow FDA's recommended checklist with initials by topic? ☐ Yes ☐ No
IF NO, EXPLAIN

3-6 Are dry eye and night-vision risks disclosed with rates? ☐ Yes ☐ No
IF NO, EXPLAIN

3-7 Does the consent visit happen on a different day from surgery? ☐ Yes ☐ No
IF NO, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — COMANAGEMENT, ADVERTISING & EQUIPMENT

Joint advertising and shared branding with optometrists can create partnership-style liability for the center.

4-1 Are there written comanagement agreements with every referring optometrist? ☐ Yes ☐ No
IF NO, EXPLAIN

4-2 Do comanaging optometrists provide certificates of their own liability insurance? ☐ Yes ☐ No
IF NO, EXPLAIN

4-3 Is the patient's choice of post-op provider documented? ☐ Yes ☐ No
IF NO, EXPLAIN

4-4 Does advertising use guarantees, "20/20," or price-teaser claims? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 Does a licensed professional approve all advertising? ☐ Yes ☐ No
IF NO, EXPLAIN

4-6 Is patient financing offered in house? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 Are lasers under a manufacturer service contract with calibration logs? ☐ Yes ☐ No
IF NO, EXPLAIN

4-8 Are laser room temperature and humidity controlled and logged? ☐ Yes ☐ No
IF NO, EXPLAIN

5 PAYROLL, SALES & REVENUE

ANNUAL REVENUE ($)	ENHANCEMENT / FINANCING REVENUE ($)	MEDICARE / MEDICAID REVENUE ($)	TOTAL ANNUAL PAYROLL ($)

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6 PRIOR INSURANCE & LOSS HISTORY

CURRENT CARRIER / LIMITS PER PROVIDER	ENTITY LIMITS (SEPARATE OR SHARED)	RETROACTIVE DATE

Current policy form:

☐ Claims-made ☐ Occurrence ☐ Self-insured / hospital program ☐ Risk retention group

DATE OF INCIDENT	PROVIDER / ALLEGATION	TOTAL INCURRED ($)	OPEN / CLOSED

6-1 Has any claim involved ectasia, infection, or an outbreak investigation? ☐ Yes ☐ No
IF YES, EXPLAIN

6-2 Has any provider's license, DEA registration, or hospital privileges been restricted, suspended, or investigated? ☐ Yes ☐ No
IF YES, EXPLAIN

6-3 Will any departing provider need tail (extended reporting) coverage? ☐ Yes ☐ No
IF YES, EXPLAIN

6-4 Has any coverage been declined, cancelled, or non-renewed? ☐ Yes ☐ No
IF YES, EXPLAIN

6-5 Is the applicant aware of any incident or circumstance that could give rise to a claim? ☐ Yes ☐ No
IF YES, EXPLAIN

7 RISK MANAGEMENT & SAFETY

7-1 Is every test result and referral tracked until the patient is notified and follow-up is done? ☐ Yes ☐ No
IF NO, EXPLAIN

7-2 Does the practice document informed consent for every procedure? ☐ Yes ☐ No
IF NO, EXPLAIN

7-3 Is screening staff trained and retrained on device use? ☐ Yes ☐ No
IF NO, EXPLAIN

7-4 Is there a written refund and enhancement policy? ☐ Yes ☐ No
IF NO, EXPLAIN

8 SIGNATURE & FRAUD WARNING

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. This supplemental is an intake document prepared by Cory Washington & Co. LLC to support carrier submission; it does not itself provide coverage.

FRAUD NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties. State-specific fraud warnings appear on the insurer's application.

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)	TITLE	DATE

PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE