

Invision Eyecare Friends and Family Insurance

Benefits:

<p><u>Benefit frequency</u></p> <p>Routine Eye Exam Lenses Frame Contact Lens Exam</p>	<p>Once every 12 months after sign up Once every 12 months after sign up Once every 12 months after sign up Once every 12 months after sign up</p>
<p><u>Annual Eye Exam</u></p>	<p>Covered in full (including Optos retinal scan)</p>
<p><u>Frame Allowance</u></p>	<p>\$100 + 20% of remaining balance</p>
<p><u>Lenses</u></p> <p>Glasses lens Upgrades</p>	<p>35% off U&C for lens upgrades*</p> <p>*Package deals excluded; basic plastic lens not included (ie: sv, bifocal, trifocal, etc)</p>
<p><u>Contacts (in lieu of frame and lenses)</u></p>	<p>15% off contact lens fitting fee See Contact Lens Benefit table for material benefit</p>
<p><u>Other Benefits</u></p>	<p>Unlimited Invision brand cleaning cloths Unlimited Invision brand glasses cases Unlimited contact lens cases and solution Unlimited fit adjustments on eyewear 1 year manufacturer warranty on frames 1 year scratch warranty on lenses 40% second pair of glasses within 60 days of original purchase^ Basic pair of single vision glasses for \$69 copay after purchase of year supply of contact lenses (30% off difference in lens upgrades)</p> <p>^exceptions on an individual basis of prescription changes</p>

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Contact Lens Material Benefits

Contact Lens Type	Benefit
Planned replacement contact lenses (2 week/monthly contacts)	\$40 toward contact lens materials* Replacement for damaged lenses
Daily Disposable Contact Lenses	\$75 toward contact lens materials* Replacement for damaged lenses
RGP s	15% off of U&C cost

*Contact lens material benefits apply to one transaction only. Unused benefits cannot be applied to subsequent purchases.

Insurance Cost Options

- A) One time charge of \$160 due at sign up
- B) Recurring monthly charge of \$15 made with card stored on file; collected on the first of every month**

**=Any payments declined from cards for patients electing option B will be due in full at time of exam or next patient office visit with no discount on defaulted payments. Stored cards will be run on the first day of every month.

Additional Family Member Options

Each family member added to the Friends and Family Insurance plan will be given a \$50 discount off the plan cost for option A or \$3 a month discount for option B.

Patient Election of Cost Options

Based on the aforementioned cost options to sign up for the Invision Friends and Family Insurance, I elect to have option (check one box):

- Option A (One time charge of \$160)
- Option B (Automatic monthly individual charge of \$15)

Print full legal name: _____

Signature: _____ Date: _____

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Election of Additional Family Member Options (Choose one)

- I would **NOT** like to add any family members to my individual plan.
- I would like to add additional family members to my individual plan.(Please list legal names of family members to be included on the family plan).

1) _____ 2)_____

3) _____ 4)_____

5)_____ 6)_____

Patient Acknowledgement of Receipt

I understand that the cost for each individual family member will be charged according to either option A or option B that I have elected earlier.

I acknowledge that I have received a copy of my Invision Eyecare Friends and Family Insurance contract and will direct any questions or changes in my billing information to Invision Eyecare.

Print full legal name: _____

Signature:_____ Date:_____