

**CPNHS OPTOMETRY DEPARTMENT (UMR INSURANCE)
NON-NATIVE EYEWEARE PROGRAM AGREEMENT**

Dear CPN Health Services Optometry Patient:

Please review the following; initial and sign as understanding and agreement to the terms outlined below.

I understand that if my frames or lenses break or become damaged due to manufacturer defect there is a one time warranty that replaces the damaged lenses and/or frame within the first 12 months of ownership.

I understand that if my glasses are **lost and/or stolen** I will be responsible for the cost and it must be paid in full before ordered.

I understand that if I attempt to repair my own glasses or do not have all the parts/pieces to the frame, the warranty will be voided and I will be responsible for all repair cost.

I understand that any damage to the frame and/or lenses after the initial 12 month period will be at my own cost and the estimated charges for repairs will be due prior to repairs being made.

I understand that if I have problems with my prescription I must bring the original glasses back to the Optometry Department for a prescription re-check within a maximum of **90 days from the original exam date and/or the day you purchase glasses.**

I understand that the eyewear program in the **CPNHS Optometry Department is for one set of glasses and/or contacts and is only authorized every two (2) years.** *If the Optometrist indicates a significant change in my prescription lenses may be changed.*

I understand that if I choose to have my glasses mailed there will be a \$10 shipping fee.

Frame: _____ Color: _____

Size: _____ Transitions AR

Your signature on this form indicates you agree to the terms outlined above. By signing this agreement you are also stating you agree to the choices you have made on the eyewear that will be ordered. If any modifications are needed after the completion of the eyewear it may be subject to a fee.

Patient Signature Date

Patient/Guardian Signature / Relationship Patient Name Date

| <u>Lens Services</u> | <u>Ophthalmic Lenses</u> | <u>Frame Services</u> |
|--|---|---|
| 051 Extra Package (Tint, UV, SR) _____ | 034 Single Vision-Plastic V210 _____ | 063 Frame V2020 _____ |
| 052 Tint-Plastic V2741 _____ | 035 Single Vision-Glass V210 _____ | 066 Misc Frame Part/Parts V2030 _____ |
| 053 Tint-Glass V2742 _____ | 036 SV-High Index/Polycarb _____ | |
| 054 Photochromic-Single Vision V2741 _____ | 037 Bifocal-Plastic V220 _____ | 92310 Design Fit Follow up _____ |
| 055 Photochromic-Multifocal V2741 _____ | 038 Bifocal-Glass V220 _____ | SPH _____ V2500 _____ V2510 _____ V2520 _____ |
| 056 Scratch Resistant Coating V2760 _____ | 039 Bif-High Index/Polycarb _____ | TORIC _____ V2501 _____ V2511 _____ V2521 _____ |
| 057 UV Coating V2755 _____ | 040 Trifocal-Plastic V230 _____ | BIF _____ V2502 _____ V2512 _____ V2522 _____ |
| 058 Anti-Reflective Coating V2750 _____ | 041 Trifocal-Glass V230 _____ | EXT _____ V2523 _____ |
| 059 Prism V2715 _____ | 042 Tri-High Index/Polycarb _____ | |
| 060 Edge Roll and Polish _____ | 043 Progressive-Plastic _____ | Total: _____ |
| 062 Transition Tint _____ | 044 Progressive-Glass _____ | |
| 067 Other _____ | 045 Progressive-High Index/Polycarb _____ | |
| | 048 Safety Glasses _____ | |