



CITIZEN POTAWATOMI NATION OPTOMETRY
2307 S. GORDON COOPER DR., SHAWNEE, OK 74801
PHONE 405-273-5236 FAX 405-878-4835

CONTACT AGREEMENT

Please review the following as an understanding and agreement to the terms outlined below.

- I understand that the 30 day trial period for contact lenses is to ensure a comfortable and correct fit with good vision, before the contact prescription is finalized and an order is placed.
- I understand that CPNHS is the payer of last resort and will exhaust all resources in order to remain payer of last resort. Third party resources will be applied if accepted to exam and contact orders. *Resources include: Tribal Benefit, Vouchers, Private Insurance, and Health Aids.*
- I understand that the eyewear program with CPNHS Optometry Department is authorized one time every two years for tribal members, and can be used towards the order of contact lenses up to \$250.00.
- I understand any overage amount over the allotted \$250.00 is my responsibility.
- I understand any overage payment is required before product can be ordered.
- I understand that CPNHS accepts cash, money orders, cashier checks, and credit cards as payment. *Credit cards accepted are MasterCard, Visa, and Discover (Personal checks are not accepted at this time).*
- I understand that if I choose to have my trial contacts or contact order mailed there will be a \$10.00 shipping fee, and a signature **will be** required on package.
- I also understand that once a contact lens supply is ordered there will be no returns or exchanges.

Printed Name _____

Signature _____ Date _____

(CLINIC USE) CONTACTS DISPENSED TO:

Printed Name _____

Signature _____ Date _____

Optometry Signature _____