GLASSES AGREEMENT

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

• I understand that I have 90 days from when the glasses were ordered, to bring them back to CPNHS Optometry Department if I have trouble with them for a prescription re-check (after 90 days may result in a fee for changes).

• I understand that my frames have a one year warranty against manufacturer defects and that my lenses may be replaced due to scratches one time within one year.

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

• I understand that if my glasses are lost/stolen I will be responsible for the cost of replacements before they will be ordered.

• I understand that if I bring in my own frame, CPNHS Optometry Department is not responsible if they break.

• 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 glasses 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 glasses up to $250.00.

• I understand any overage amount over the allotted $250.00 is my responsibility.

• 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 glasses mailed there will be a $10.00 Shipping fee, and a signature will be required on package.

Printed Name ________________________________

Signature ___________________________________ Date ________________

(CLINIC USE) CONTACTS DISPENSED TO:

Printed Name ________________________________

Signature ___________________________________ Date ________________

Optometry Signature ____________________________

Frame __________________________ Color __________________________ Size __________________________

051 Extra package (Tint, UV, SR) O60 Edge Roll & Polish O40 Trifocal-Plastic
052 Tint Plastic V2741 O62 Transition Tint V230
053 Tint-Glass V2742 O67 Other V230
054 Photochromic-SV V2741 O34 Single Vision-Plastic V210
055 Photochromic- Multifocal V2741 O35 Single Vision- Glass V210
056 Scratch Resistant Coating V2760 O36 SV-High Index/Polycarp V210
057 UV Coating V2755 O37 Bifocal-Plastic O43 Progressives-Plastic
058 Anti Reflective Coating V2750 O38 Bifocal-Glass O44 Progressive-Glasses
059 Prism V2715 O39 Bifocal-High Index/Polycarp O45 Progressives-High Index/Polycarp

Total __________________________

Transitions □ □ AR

Form M-072B

Label

Revised 4/1/2021