

University Eye Care Vision Discount Plan

University Eye Care
4054 N Goldenrod Rd
Winter Park, FL 32792
Ph: 321-422-2695

Membership Application:
Send Form to:
Fax: 321-244-4036 or
universityeyecare@gmail.com



The Vision Discount Plan offered by University Eye Care

Please review the terms and conditions below prior to enrolling in the Vision Discount Plan offered by University Eye Care.

The Vision Discount Plan that is offered by University Eye Care is not INSURANCE. Members will pay the vision provider University Eye Care at the time of service. This discount plan is only good at the office located at 4054 N Goldenrod Rd Winter Park, FL 32792 at this time. This discount plan cannot be combined with any other insurance plan or special offers. The Vision Discount Plan offered by University Eye Care does not coordinate benefits with any other insurance plan. Membership benefits are limited to the discounts listed to you in the Member Benefits Page. Fees are subject change without notification. The membership starts on the date that application is accepted and membership fees are paid for. The membership lasts for one year from that date and may be renewed each following year with annual payment of membership due.

A membership may be canceled or revoked if a member does not comply with any office policies of University Eye Care, including prompt payment for services, or if the member has provided false or misleading information to University Eye Care. New members are subject to acceptance by the Vision Discount Plan offered by University Eye Care. The Vision Discount Plan offered by University Eye Care may refuse to accept any member at its discretion for any reason that is not prohibited by law. In the event that there is any dispute between the member and the Vision Discount Plan offered by University Eye Care, and all negotiations between the parties have failed to resolve the matter, such dispute shall be settled in an arbitration held in Orange County, Florida. The arbitration shall be conducted by an arbitrator selected by other arbitrators, one of whom shall be selected by each party. The written decision of the arbitrator so selected shall be binding, final, and conclusive on the parties. University Eye Care Inc's liability shall not exceed the cost of membership.

The undersigned Member acknowledges and agrees to the foregoing and a parent's signature below shall be on behalf of any minor children under the age of 18.

Member/Guardian Signature: _____

Member/Guardian Name: _____

Date: _____

First Name: _____ Last Name: _____ Middle Initial: _____

Date of Birth: ____/____/____ Phone: _____

Mailing address: _____

City, State, Zip: _____

Email: _____

Member Benefits

The Vision Discount Plan offered by University Eye Care provides the following benefits to members after a \$60 membership fee is paid. Benefits are limited to what is listed here.

Services:

Exam: Members will receive an eye exam with a payment of \$10. This benefit may be used once per year that the membership is active.

Contact Lens Exam: Members will receive a 20% discount off of contact lens fittings.

Materials*:

Frames: Members will receive a \$75 allowance to use towards any frame in our office.

Lenses: Members will receive a \$50 allowance to use towards the purchase of lenses for their eyeglasses. This includes single vision, bifocals or progressive lenses.

Lens Material*: Members will receive a \$25 allowance to use if they wish to upgrade their lenses to a polycarbonate or Hi-Index Material.

Anti-Reflective Coatings: Members will receive a \$40 allowance to use if they wish to add an anti-reflective coating to their lenses.

Other Options: Members will receive a 20% discount on other lens options such as scratch coating and photochromic coatings.

Contact Lens Supply: Members who purchase an annual supply of contact lens will receive a discount.

*Material Benefits may be used up to 3 times per year that the membership is active.