

Vision Care Reimbursement Form – February 2018

IMPORTANT: Thank you for being a valued Vision Care customer. Although the Vision Care stores are no longer in operation, Vision Care’s special promotions will be processed at all four Prime Eye Care locations **until September 30, 2018.**

Some discounts will be applied at Prime Eye Care when you pay for services. For others, you may be charged in the store, but you can use this form to be reimbursed from Vision Care. Specifically:

- Vision Care will reimburse you for the cost of your routine eye exam: approximately \$57.
- You will receive \$150 off the entire purchase of your first complete pair of glasses.
 - For purchases of \$300 or greater, your \$150 off was applied at the point of sale.
 - For purchases of less than \$300, a \$100 discount was applied at the point of sale; you can submit this form to be reimbursed for your extra \$50 off.

To redeem your reimbursement, send the information below and your itemized Prime Eye Care receipt to **CX@visioncareclub.com** before **Monday, December 31, 2018**. All fields must be completed, and print must be legible.

1. ABOUT YOU

- A. First and Last Name: _____
- B. Phone Number: _____
- C. Email Address: _____
- D. Mailing Address: _____

2. ABOUT YOUR VISIT

- A. Prime Eye Care Center Visited (CIRCLE ONE):
 - 300 W. Clarendon Ave., Suite 150 // Phoenix, AZ 85013
 - 3201 W. Peoria Ave., Suite D704 // Phoenix, AZ 85029
 - 1940 S. Country Club Drive, Suite 102 // Mesa, AZ 85210
 - 6343 E. Main St., Suite B7 // Mesa, AZ 85205
- B. Date Visited: _____
- C. Total Dollars Spent: _____
- D. Services Performed (CIRCLE ALL THAT APPLY)
 - Routine Eye Exam
 - Glasses Purchased
 - Sunglasses Purchased
 - Contact Lens Exam
 - Contact Lens Fitting
 - Contact Lens Purchase
- E. If you purchased glasses, how many pairs did you buy? _____

3. SUBMIT

To submit your reimbursement, please **1)** scan and email this completed form along with **2)** your itemized receipt from Prime Eye Care to **CX@visioncareclub.com** no later than **Monday, December 31, 2018**. If you wish to mail these items, send to: **2444 W. Las Palmaritas Drive, ATTN: C404 Vision Care // Phoenix, AZ 85021.**

Reimbursement checks will be addressed from either Vision Care or Trinnovate Ventures. For questions, please visit VisionCareAz.com or email **CX@visioncareclub.com**.

