

20/20 Club

In-House Vision Plan

Visionary Family Eye Care has a direct pay model, eliminating insurance companies to allow the doctor to focus on the patient's needs. Even with vision and/or medical insurance, patients often spend more in the long run. That's why we are offering an in-house vision plan to allow affordable prices that can be paid over time, as well as provide additional savings. Choose from 3 tiers based on your family size.

Single: \$250/year

- 1 comprehensive eye exam
- 1 problem/emergency exam (includes 1 follow-up, if necessary)
- 35% off Contact lens renewal or fitting
- 35% off chronic management of ocular disease (glaucoma, macular degeneration, etc.)
- \$75 gift card

Couple: \$350/year

- 1 comprehensive eye exam per person
- 1 problem/emergency exam per couple (includes 1 follow-up, if necessary)
- 40% off contact lens renewal or fitting
- 40% off chronic management of ocular disease (glaucoma, macular degeneration, etc.)
- 40% off additional problem/emergency visit
- \$125 gift card

Family: \$600/year (up to 4 members)

- 1 comprehensive eye exam per person
- 1 problem/emergency exam (includes 1 follow-up, if necessary)
- 45% off contact lens renewal or fitting
- 45% off chronic management of ocular disease (glaucoma, macular degeneration, etc.)
- \$200 gift card
- Add \$45 for each additional family member after a total of 4 members (for example, 6 family members would pay \$600 plus an additional \$90 for the 2 extra family members for a total of \$690 for the year)

Must use Affirm, a third party financial servicer, for payment. Interest rates range from 0-36% depending on credit history. Affirm allows the patient to choose the frequency of payments.

No payment plan will be implemented if not eligible for Affirm.

20/20 Club Agreement

By my signature below, I agree to become a member of the Visionary Family Eye Care In-House Insurance Plan, the 20/20 Club. I understand that in order to be an eligible member, I must pay through Affirm, a third party payment system. I understand that no refunds will be given after the first funds are drafted. A request to renew memberships will be sent to the primary member prior to the 1 year renewal date.

Primary Member Name

Date

Please mark an X next to the chosen option and list names, date of birth, and relation to primary member.

Single Membership \$250

Couples Membership \$350

Family Membership \$600 or \$_____ (calculate total based on family size)

1. _____ / ____ / ____
Primary Member Date of Birth

2. _____ / ____ / ____
Member Date of Birth Relation to primary member

3. _____ / ____ / ____
Member Date of Birth Relation to primary member

4. _____ / ____ / ____
Member Date of Birth Relation to primary member

5. _____ / ____ / ____
Member Date of Birth Relation to primary member

6. _____ / ____ / ____
Member Date of Birth Relation to primary member

7. _____ / ____ / ____
Member Date of Birth Relation to primary member