



Eye Care Assistance Application

SERVICE(S) REQUESTED:

EYE EXAM GLASSES

HAVE YOU UTILIZED THIS PROGRAM BEFORE?

NO YES (When:)

FULL NAME GENDER IDENTITY DATE OF BIRTH

PHONE NUMBER EMAIL ADDRESS PREFERRED CONTACT METHOD & TIME

STREET ADDRESS CITY, STATE, ZIP, COUNTY

DATE OF MOST RECENT EXAM PROVIDER NAME

PARENT'S NAME (IF UNDER 18 YEARS OF AGE) SCHOOL (IF APPLICABLE)

EMERGENCY CONTACT NAME EMERGENCY CONTACT PHONE

DO YOU HAVE? Diabetes Glaucoma Cataracts Macular Degeneration Low Vision

LIST ALL MEMBERS OF YOUR HOUSEHOLD, EVEN IF THEY DO NOT HAVE INCOME, AS WELL AS ALL SOURCES OF INCOME.

MONTHLY HOUSEHOLD INCOME (ATTACH A COPY OF ALL INCOME SOURCES, SUCH AS PAYSTUBS, SOCIAL SECURITY, ETC.)

(Financial determination is used to calculate costs and does not disqualify you from this program.)

Table with 5 columns: HOUSEHOLD MEMBER NAME, RELATIONSHIP, INCOME SOURCE, AMOUNT, PROOF. Includes rows for total gross monthly and annual income.

VISA, MASTERCARD, CASH OR MONEY ORDERS ARE THE ONLY ACCEPTED PAYMENT OPTIONS. ALL PAYMENTS ARE DUE AT TIME OF SERVICE. PAYMENTS MUST BE PAID IN FULL TO NORTH CENTRAL SIGHT SERVICES PRIOR TO EXAMS BEING SCHEDULED OR GLASSES BEING ORDERED.

UPON SIGNING THIS DOCUMENT, I CERTIFY THAT ALL OF THE INFORMATION PROVIDED IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE DATE



Remedial Eye Care Pricelist

*Eye Exams and Plastic/Wire Frame selections are subject to service fee eligibility. Transitions, High Power and Extras are full price.

Eye Exams	Provider Option #1	Provider Option #2
Standard Eye Exam	\$32.50	\$75.00
(All above prices are of lense strengths: +/- 5.00 sphere & +/-2.00 cylinder or <)		
Plastic/Wire Frame Selection	Plastic/Glass Lenses	Plastic/CR 39 Lenses
Single Vision	\$54.50/\$54.50	\$50.00/\$45.00
Flat Top (Lined Bifocal) (<+3.0)	\$69.50/\$69.50	\$50.00/\$70.00
Varilux (No Line) Bifocal	\$159.00/\$159.00	\$50.00/\$150.00
Trifocal	\$85.00/\$99.00	N/A/\$100.00
Transitions (photogrey)*	Plastic/Glass Lenses	Plastic/CR 39 Lenses
Single Vision	\$60.00/\$89.00	\$120.00/\$120.00
Bifocal	\$60.00/\$89.00	\$120.00/\$120.00
Trifocal	\$75.00/\$89.00	N/A
High Power (Range > +/-5.00 < +/- 9.50 sphere and/or > +/-2.00 < +/- 5.50 cylinder*)		
Add	\$25.00	N/A
High Power on Bifocal*	Plastic/Glass Lenses	Plastic/CR 39 Lenses
+3.00 to +3.74	\$15.00/\$15.00	N/A
+4.00 to +7.75	\$20.00/\$20.00	N/A
+8.00 and above	\$25.00/\$25.00	N/A
Extras*	Plastic/Glass Lenses	Plastic/CR 39 Lenses
Tint	\$20.00/\$20.00	N/A/N/A
Prism 1-2 Diopters	\$5.00/\$5.00	N/A/N/A
Prism Over 2 Diopters	\$2.00/\$2.00	N/A/N/A
Cataract (Frames & Lens)	\$159.00/\$159.00	N/A/N/A
Edging Charge	\$0.00/\$0.00	N/A/N/A
UV Protection	\$15.00/\$15.00	N/A/\$15.00
Polycarb Lens (Thin) - Single or Bifocal	\$30.00/\$30.00	N/A
High Index 1.67 Ultra Thin Lens (if over +4 or -4)	\$55.00/\$55.00	N/A
AR Anti Glare Coat	\$45.00/\$45.00	N/A
Scratch Guard Coat	Included	N/A
Crizal	\$70.00/\$70.00	\$120.00/\$120.00
Wire Frame w/magnet sunglass	109.00 (LIMITED SELECTION)	N/A
Single Vision Warranty	N/A	\$20.00/\$20.00
Multifocal Warranty	N/A	\$40.00/\$40.00



The Functional Vision Clinic and Remedial Eye care programs are initiatives that aim to foster eye care, independence, positive change, awareness, and advocacy for individuals and families with vision concerns.

The following terms and conditions, in addition to those laid out in our Privacy Policy apply to North Central Sight Services' Functional Vision Clinic and Remedial Eye Care Program. Please read these terms and conditions carefully as they may have been updated.

1. Agreement.

- You agree to be bound by the terms and conditions of this Agreement, which include the Privacy Policy that is attached to this Agreement. North Central Sight Services reserves the right to modify this Agreement and its Privacy Policy at any time.
- You acknowledge that it is your responsibility to maintain all appointments, consultations or follow-up processes designated by North Central Sight Services' affiliates.
- You agree to review this Agreement regularly to ensure that you are aware of any modifications. Continued use of the FVC/REC programs, or any other services provided by North Central Sight Services, or its affiliates, after modifications have become effective shall be deemed as evidence of your acceptance of the modified Agreement.
- As noted above, by continuing use of our services, you agree that you will not follow any instruction, suggestion, step, list, or other form of directive pertaining to the function of North Central Sight Services that is not expressly given by North Central Sight Services or its affiliates.

2. Liability.

- Though we make reasonable efforts to maintain and update the resources afforded to the FVC/REC program, they will, from time to time, become out of date, obsolete, or potentially provide incorrect or erroneous readings and information.
- At no time shall North Central Sight Services or its affiliates be liable for any direct, indirect, punitive, incidental, special or consequential damages or loss arising from or otherwise in connection with the use or misuse of information, function, or service provided by North Central Sight Services or its affiliates; to include any content feeds, links, emails, letters, documents, and any other company products or correspondence.

3. Privacy.

- We take personal privacy seriously. Any information gathered is handled in accordance with our Privacy Policy. Use of any service or resource provided by us, including any applications filed, denotes your complete agreement with and acceptance of this Privacy Policy.

4. Appointment Availability.

- North Central Sight Services makes no claim that its services will be uninterrupted or error free.
- North Central Sight Services shall make available any appointments made for various consults, diagnostics, and treatments for those who have properly registered, scheduled and are in adherence with this agreement. The services with respect to a specific Doctor shall be available subject to availability.
- Confirmation of appointments shall be sent to you via physical mail, email, facsimile, and/or SMS, in accordance with your defined preferred contact method, subject to adherence with this agreement.
- As with all consultations, it is advised to arrive to the clinic at least 10 minutes prior to the scheduled time of appointment, for the timely completion of any necessary documentation or policy update reviewal.



5. Appointment Cancellation.

- North Central Sight Services reserves the right to reschedule or cancel an appointment without prior notice, subject to doctor availability, inclement weather or other unforeseeable forces that would designate an agency closure or other suspension of operations.
- A single reschedule, within one (1) calendar year, is permissible with at least 14 days’ notice prior to any appointment date; any further attempts to reschedule within the allotted time frame will result in a cancellation of the appointment. After the second missed appointment within a calendar year, whether via cancellation, late arrival, or no-show will result in the closure of the associated file and no further appointments shall be made, scheduled, arranged or upheld with exception for unforeseeable and emergency situations. It is the sole responsibility of the patient, or their legal guardian, to maintain proper communication regarding any appointments made. These programs are designed to assist those who have specific needs, and many people wait several months to be seen, therefore we must be very diligent with our appointment policy.

6. File Closure.

- North Central Sight Services reserves the right to close any file that is not in adherence with this agreement at any time. All closed files will be unable to reapply for or schedule appointments for a term of at least one (1) calendar year from the date of the last missed appointment. Closed files will be treated as new applicants after reapplying and are subject to all availability and scheduling adjustments made.

7. Legal Jurisdiction.

- The Federal laws of The United States of America and the State laws of Pennsylvania shall otherwise govern these terms and conditions where they are not clear or are incomplete.
- If any provision in these terms and conditions is invalid, under any law within the legal jurisdiction governing North Central Sight Services, the provision will be limited, narrowed, construed, or altered as necessary to render it valid but only to the extent necessary to achieve such validity.

8. Indemnity & Disclaimers.

- By using our services ,you agree to indemnify and keep indemnified North Central Sight Services and any concerned Doctor for any losses, costs, charges and expenses including reasonable attorney fees that the concerned Doctor and/or North Central Sight Services may suffer on account of (a) misdiagnosis/faulty judgement/interpretation error/perception error arising from (i) your failure to provide correct and/or complete clinical information/history about patients in a timely and clinically appropriate manner; or (ii) suppression of material facts; or (iii) your failure to provide relevant clinical information about patients; or (iv) misinterpretation of the advice/prescription/diagnosis by you; or (v) failure to follow Doctor’s advice/prescription by you; or (b) incorrect or inaccurate credit/debit card details provided by you; or (c) using a credit/debit card which is not lawfully owned by you; or (d) if you permit a third party to use your financial information on your behalf.
- North Central Sight Services provides Services on an “as is” basis and expressly disclaims all representations, warranties, or conditions of any kind, either expressed or implied, as to the information given, or other services provided through, in connection with the FVC/REC programs or regarding to the purpose of our services. In no event shall North Central Sight Services be responsible for any third party use of information or any circumstances beyond the control of management of North Central Sight Services or the Functional Vision Clinic.

By signing this document, you agree to all terms and conditions outlined.

Name

Signature

Date