Terms of Service

Plan benefits are only available at Family Vision Care at 500 N. Parrish Ave.; Adel, Georgia 31620 phone (229)-896-4596. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree to pay the monthly membership dues for the plan chosen for myself and/or my family member(s) and **remain in good standing** to qualify for benefits under our vision services. If I do not pay the membership dues, I will lose eligibility for the plan benefits. There will also be a **non-refundable $10 fine for each member and for each month your card is declined**. If I have used the plan benefits and stop paying monthly dues for 3 months, I am subject to **a $250 cancellation charge per member**, and you will be kicked off the plan**. If kicked off the plan, you will not be allowed to participate in the plan ever again. To be seen in our office, you must pay all fees and fines.**\_\_\_\_\_\_\_\_\_\_\_

I agree to a one year commitment period for membership. You can cancel at any time without penalty if benefits have not been used. Any monthly payments made are not refundable. If you cancel during the commitment period after using your benefit, you agree to **a $250 cancellation for early termination plus any other charges.**  **Membership is automatically renewed each year unless cancelled in writing.** If you cancel at the end of the plan year, you will not be subject to the $250 cancellation fee. Membership cannot be dropped and reinstated only for the years you plan to use the benefit. **If you cancel your membership, you will not be allowed to reinstate you membership ever again.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Vision Care has the right to modify/cancel/change any of the terms of service whenever necessary. Family Vision Care has the right to terminate the membership if terms are abused. Family Vision Care also has the right to interpret misunderstood or misinterpreted terms. There will always be questions or misinterpretations of the terms. Family Vision care will not be held accountable to apply the terms under a misunderstood or misinterpreted term of service. Family Vision Care has the right to clarify the terms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All co-pays are due at time of service. Monthly payments are made with a monthly **credit card or debit card** charge. We will also need a second source of payment in case the first source is declined. Membership dues are due on the 5th, 15th ,or 25th of each month**. I will inform Family Vision Care if there is a change in credit card information (expiration or number change) so my membership dues will not be affected and payments can continue to me made.** It is very important to keep your card information up to date.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This plan is a vision only plan and covers only one comprehensive eye health exam and prescription glasses and/or contact lenses. The plan **does not** cover medical evaluations such as eye infections, foreign body removals, eye injuries, medical testing, glaucoma checks...etc. These medical problems are covered under medical insurance plans and those terms will cover the cost of that service. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

There are absolutely **no refunds** once monthly membership dues have been paid. There are **no refunds** for not using the plan benefits. In the event a member passes away, membership dues may be stopped without a $250 penalty; however, prior dues paid will not be refunded. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transferring plan benefits (glasses and/or contact lenses) to other family members is limited to family members under your plan. The benefit can only be transferred after the family member has used the exam benefit and paid the proper co-pay. Plan benefits can be used for non-prescription sunglasses; however, it can only be used for this benefit after member has used the exam benefit. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You are allowed an extra frame or contact lens allowance rollover once during a 2 year period only if you did not use the frame of contact lens benefit, but did use the exam benefit during the first year. The amount rolled over will be decided by Family Vision Care and all decisions are final. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Children 10 years old and under are added to a family plan for free, but still be expected to pay all co-pays when benefits are used. When a child turns 11 years old, they will be charged the monthly dues at the Basic plan rate. Children added for free can only use the BASIC 20/20 Vision Plan and are not allowed to transfer the benefits to other family members or use it to get non-prescription sunglasses. \_\_\_\_\_\_\_\_\_\_\_

Family Vision Care can only accept a limited number of individuals on the plan. If you lose or cancel your plan, you will not be allowed to get back on as a member. If you are kicked off the plan you will not be allowed to participate on the plan ever again. All fees must be paid, including cancellation charges and fines in order to be seen in this office again. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional lens enhancements are optional and are not required. All vision plans charge extra fees for added enhancements to your lenses since they cannot be part of the membership dues. Not everyone will add these items. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Vision Care thanks everyone for their participation with our membership plans. We hope you and your family will continue to enjoy your plan benefits. We also want to hear feedback and suggestions to make our plan even better.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_