



OPTI-DIRECT VISION PROGRAM AUTHORIZATION FORM



COMPANY NAME

ADDRESS

ADDRESS

PHONE

VISION CENTER USE:
PLAN NAME IN BOSS: *COMPANY NAME*
KEEP AUTHORIZATION FORM ON FILE FOR 1 YEAR

Name (Please Print)

Date

The person named above is eligible for Vision Coverage as specified below. Covered charges will be billed directly to *COMPANY NAME* through the account established with Walmart/SAM'S Vision Center.

Covered Items

- Routine eye exam up to \$
- Frames up to \$
- Single vision lenses up to \$
- Bifocal lenses up to \$
- Trifocal lenses up to \$
- Progressive lenses up to \$
- All applicable sales tax on the above amounts
- OR
- Contact lenses up to \$
- All applicable sales tax on the above amounts.

Example

We will
create a form
for your program

Employee Responsibility

- Employees are responsible for all costs not covered by *COMPANY NAME* and must pay Walmart/SAM'S the balance in full at the time of purchase.
- Employee must present a valid prescription for glasses or contacts.

Employee Signature _____ **Date** _____

Authorized Representative _____ **Date** _____

Authorization valid 14 days from this date.

Procedures:

1. Company completes authorization form, including obtaining necessary signatures.
2. Company copies form for company records.
3. Employee presents form to Walmart/SAM'S Vision Center.
4. Walmart/SAM'S should keep the original authorization on file for 1 year.

(xxx)xx-xx-xxxx