



Individual Enrollment
(Includes family dependents)

Card Holder Name* _____ Social Security # _____
(Please print)

Address _____

City _____ State _____ Zip _____

Email Address _____

Are you a member of a group or organization that has made this offer available?

Yes No Name of Group or Organization _____

Note to Texas Consumers: Regulated by the Texas Department of Licensing and Regulation, P.O. Box 12157, Austin, Texas 78711; Telephone 1-800-803-9202 or (512) 463-6599; website: www.license.state.tx.us/complaints

Vision Card with complimentary Prescription Card

- One Year \$29** Annual Payment Make check or money order payable to:
Outlook Vision Services
- Two Year \$50 Once for 24 months
- Three Year \$70 Once for 36 months ** CT residents call for price quote
- Do **not** include complimentary prescription card

Prescription Discount Card Only

- \$12 One time payment

Mail to: OUTLOOK Vision Services
1550 E. McKellips Rd. Suite 112
Mesa, AZ 85203

Please allow 2 weeks for delivery
*Spouse and dependent names are NOT required on this form
but are included for benefits

Disclosures:

- This program is NOT insurance.**
- This program provides average discounts of 5% to 50% at certain health care providers for vision and prescription drug services.
- This program does not make payments directly to the providers of medical services.
- The member is obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with the discount medical program organization.
- The Discount Medical Plan organization is Access One Consumer Health, 84 Villa Rd. Greenville, SC 29615, www.accessonedmpo.com. The plan is administered by OUTLOOK Vision Services. The program and its administrators have no liability for providing or guaranteeing service or the quality of service rendered.

Members have the right to cancel registration at any time. Cancellations within 30 days of the effective date will receive a refund of membership fees. A list of all program providers within the prospective cardholder's service area which includes their name, city & state, and discounts offered is available prior to purchase, upon request. Discount pharmacy program is not a Medicare prescription drug program. It is the members' responsibility to confirm with OUTLOOK Vision's Customer Service at 1-800-342-7188 that a provider is an active participant of the program prior to seeing that provider. Not available in AK, MT, RI, VT & WA