



Dear Eye Care Professional,

Thank you for your interest in Eyecare of Michigan (EOM). We appreciate your support towards the preservation of independent eyecare. Essilor Laboratories of America (ELOA) is a valued preferred vendor. Please complete this form if you would like your ELOA purchases to count towards the EOM IPA rebate program.

Statement of Acknowledgement

I would like my ELOA purchases that I make through my current lab, buying group or Dr. alliance to count towards the Eyecare of Michigan (IPA) rebate program. I understand that these purchases will be counted towards the EOM IPA rebate program only and not towards any other program that I am affiliated with.

Date _____

Signature _____

Practice name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Current buying group or Dr. alliance: (if none, leave blank) _____

Please list all ELOA labs/account numbers that are valid for your practice:

ELOA LAB	ACCOUNT NUMBER

This document must be signed and returned to EOM to obtain preferred vendor rebates and pricing:

By Fax: 616.878.4261

By Email: (scan and attach) rdonaghy@eyecareofmichigan.com

Sincerely,

Ruth Donaghy
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Kim Hulst
Director, Provider Relations
khulst@eyecareofmichigan.com

For questions, inquiries, contact:

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