

2010 HHP Ca\$h Back Check Request

The 2010 HHP program ends March 31, 2011. All 2010 HHP points will be posted by April 25, 2011. Final 2010 HHP Check Request Forms must be received by MAY 12, 2011.

FAX COMPLETED FORM TO: 972-353-3401

Please allow 4-6 weeks for processing and delivery

Practice Name _____ Date _____

HOYA Lab _____ HOYA Acct # (list all that apply) _____

Account Information

Street Address _____

City _____ State _____ Zip _____

Phone Number _____

Practice Owners' Name (**PRINT**) _____

Practice Owner's Signature (**must have**) _____

CHECK REQUEST INFORMATION

The Minimum check request is \$250.00 (1 point = 1 dollar) Check Amount \$ _____

Check Made Payable to (Payee) _____

Mail Check to: _____

Circle Appropriate business type: Individual/Sole Proprietor Corporation Partnership
Limited Liability - enter the tax classification (D=disregarded entity, C=corporation, P=partnership) _____

If check request information above is payable to the business please provide Tax ID No _____

If check request information above is payable to an individual you must provide the Social Security number for that individual and their signature is required.

Social Security Number _____ **Signature** _____

FOR ACCOUNTING USE:
Vendor Number _____
W9 Form on File _____
HHP G/L Code 3461019001

This Form also serves as a W-9 IRS form. HOYA Vision Care and its authorized distributors reserve the right to change, modify or end the program at any time. Federal law and laws of some states prohibit payment or receipt of any form of compensation where the product or service is paid, in whole or in part by a federal or state funded health care programs (such as Medicare or Medicaid) and such transactions are not eligible for payment under the HHP program. You are solely responsible for submission of eligible claims only. If for any reason such, such as a clerical error, you receive payment under the HHP program based on an ineligible transaction, you must, upon request of the Secretary of the United States Department Health Services or counterpart state agency, report the full amount of HHP payments received based on that transaction.