

**2011 HHP Ca\$h Back Check Request**

**The 2011 HHP program ends March 31, 2012. All 2011 HHP points will be posted by April 7, 2012. Final 2011 HHP Check Request Forms must be received by April 30 2012.**

**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**

Minimum check request is \$250.00 (1 point = 1 dollar) Check Amount Requested \$ \_\_\_\_\_

**If you want all available 2011 points - CHECK THIS BOX**

Check Made Payable to (Payee) \_\_\_\_\_

**(PAYEE must match the Tax ID or SS Number given below.)**

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** \_\_\_\_\_

|                            |
|----------------------------|
| <b>FOR ACCOUNTING USE:</b> |
| 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.