



EYEWEAR DAMAGE CLAIM FORM

Privacy Statement - The Spencer Health Network Inc. is committed to protecting the privacy, confidentiality, accuracy and security of the personal information it collects, uses, retains and discloses in the course of conducting business.

<p>PATIENT STATEMENT</p> <p>Group Policy # _____ ID # _____</p> <p>Mr. () Mrs. () Your Name (Print) _____ Ms. ()</p> <p>Relationship to Policyholder: () Self () Spouse () Child () Other _____</p> <p>Address _____</p> <p>City/Province _____ Postal Code _____</p> <p>Telephone: <u>Day</u> () _____ <u>Evening</u> () _____</p> <p>Telephone: <u>Fax</u>: () _____ E-Mail _____</p> <p>Date of Occurrence _____ What Happened? _____</p> <p>I hereby consent to the release of any information concerning the subject matter of this claim to SHN. I certify that the information given in this form is true, correct and complete to the best of my knowledge. I agree to hold harmless SHN, its directors, officers, employees and representatives against any and all claims, costs, expenses, damages and liabilities including reasonable legal fees incurred as a result of any claim, suit or proceeding arising from any negligence or wilful misconduct of SHN, its directors, officers, employees and representatives, resulting from or arising out of all or portions of the vision plan or the patients use of all or portions of the vision plan.</p> <p>Patient Signature _____ Date: _____</p>	<p>PRACTITIONER STATEMENT - STORE # _____</p> <p><u>TO BE COMPLETED BY PRACTITIONER</u></p> <p>i. <u>Type of Loss</u> - () Breakage-Repairable () Total Replacement</p> <p>ii. <u>Repair Parts</u> <u>Frame</u>: () Temple () Front () Other _____ <u>Lens(es)</u>: () Repair () Replace: () Single lens () Both lenses</p> <p>iii Was damage covered by manufacturer warranty? () Yes () No</p> <p><u>Practitioner Name</u> _____ <u>Tel. #</u> _____ <u>Date of Service</u> _____</p> <p><u>Practitioner Signature</u> _____</p> <p><u>TO BE COMPLETED BY PATIENT AT TIME OF PICKUP</u></p> <p>The repair/replacement of the registered eyewear has been satisfactorily completed.</p> <p>Patient Signature _____</p> <p>Date _____</p>
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