

# VSP MEMBERS: RECEIVE UP TO \$100 PREPAID MASTERCARD®\*

WHEN YOU PURCHASE THE PERFECT PAIR OF GLASSES

## How to Get Your Perfect Pair Rebate

**Step 1: Purchase between February 1, - June 30, 2021.** Purchase a Featured Frame Brand and an eligible lens enhancement from a VSP® Premier Program location and qualify for up to a \$50 rebate. Add a pair of eligible progressive digital lenses to your perfect pair and get up to a \$100 rebate.

**Step 2: Complete Rebate Form and Submit.** This completed form and an itemized receipt serve as your proof of purchase. Complete this form, attach an itemized receipt, and submit within 30 days of purchase online at [vsprebates.com](http://vsprebates.com). Enter code **PPMR-2021H1**. Or submit via mail to: VSP Perfect Pair Rebate PPMR-2021H1, PO Box 540007, El Paso, TX 88554-0007.

NOTE: Itemized receipt must include: doctor's office name, purchase date, required frame purchase (Featured Frame Brand), required eligible lens enhancement purchase (SunSync® Light-Reactive Lenses, new and improved TechShield® Anti-Reflective Coatings, or Claritech™ Non-Glare Coatings), optional eligible progressive lens purchase (Unity® or Ethos®), and purchase price for each rebate-eligible product (price must be circled).

If you have any questions about the status of your request and the eight weeks allowed for delivery have passed, please call **855.846.6184**. To register or track your rebate request(s) online, visit [vsprebates.com](http://vsprebates.com).

### MUST BE COMPLETED BY THE PATIENT (or, if the patient is under 18, a parent or legal guardian)

First Name Michael Last Name Bishop  
 Mailing Address 8607 Carlsbad Lane  
 City Lansing State MI ZIP 48917  
 Email MIKER.LLPS@COMCAST.NET  
 Primary Phone (517) 775-4916 Date of Birth (dd/mm/yy) 01/25/65

Please choose how you'd like to receive your prepaid Mastercard rebate reward:  Physical card by mail  Virtual account by email

By submitting this completed form, you consent to VSP's use of your personal information (or that of the minor you legally represent) for the purpose of administering and payment of the rebate in accordance with the terms and conditions set forth below and VSP's Notice of Privacy Practices which can be reviewed online on the VSP website: [vsp.com/legal/privacy](http://vsp.com/legal/privacy).

### MUST BE COMPLETED BY VSP PREMIER PROGRAM LOCATION

Location Name SVS Vision  
 Location Address 609 N. Canal Rd. Lansing MI 48917

**REQUIRED PURCHASE:** Check the boxes to indicate the eligible products purchased.

REQUIRED FEATURED FRAME BRAND	REQUIRED LENS ENHANCEMENT	OPTIONAL PROGRESSIVE LENSES
<input type="checkbox"/> Airlock®/Pure®	<input type="checkbox"/> Genesis®	<input checked="" type="checkbox"/> Unity Via Elite
<input type="checkbox"/> Altair®	<input checked="" type="checkbox"/> JOE Joseph Abboud	<input type="checkbox"/> Unity Via Plus
<input type="checkbox"/> Anne Klein	<input type="checkbox"/> Joseph Abboud	<input type="checkbox"/> Unity Via Mobile
<input type="checkbox"/> bebe	<input type="checkbox"/> Kilter®	<input type="checkbox"/> Unity Via Wrap
<input type="checkbox"/> CALVIN KLEIN	<input type="checkbox"/> Lacoste	<input type="checkbox"/> Unity Via
<input type="checkbox"/> CALVIN KLEIN JEANS	<input type="checkbox"/> Lanvin	<input type="checkbox"/> Unity PLxtra
<input type="checkbox"/> Cole Haan	<input type="checkbox"/> Lenton & Rusby®	<input type="checkbox"/> Unity PLxtreme
<input type="checkbox"/> Columbia	<input type="checkbox"/> Liu Jo	<input type="checkbox"/> Unity PLX
<input type="checkbox"/> Converse	<input type="checkbox"/> Longchamp	<input type="checkbox"/> Ethos Lenses
<input type="checkbox"/> Cutler and Gross	<input type="checkbox"/> Marchon NYC™	
<input type="checkbox"/> DKNY	<input type="checkbox"/> MCM	
<input type="checkbox"/> Donna Karan	<input type="checkbox"/> Nautica	
<input type="checkbox"/> Dragon®	<input type="checkbox"/> Nike	
<input type="checkbox"/> Draper James	<input type="checkbox"/> Nine West	
<input type="checkbox"/> Flexon®	<input type="checkbox"/> Otis & Piper™	
<b>LIGHT-REACTIVE LENSES</b>		
<input type="checkbox"/> SunSync Elite XT		
<input type="checkbox"/> SunSync Elite		
<input type="checkbox"/> SunSync Drive XT		
<input type="checkbox"/> SunSync		
<b>ANTI-REFLECTIVE COATINGS</b>		
<input type="checkbox"/> TechShield Elite AB		
<input type="checkbox"/> TechShield Plus AB		
<input type="checkbox"/> TechShield AB		
<input type="checkbox"/> TechShield Blue AB		
<input type="checkbox"/> TechShield Elite		
<input type="checkbox"/> TechShield Plus		
<input type="checkbox"/> TechShield		
<input checked="" type="checkbox"/> TechShield Blue		
<input type="checkbox"/> Claritech Non-Glare		

Premier Program Doctor/Office Staff Authorized Signature+ 

+I certify that this patient purchased products that qualify for the VSP Perfect Pair Rebate, from my location, a VSP Premier Program location. I understand that in order to validate that the above qualifying products were purchased, a random claim audit may occur.

**Invoice**

Lansing 20  
 609 North Canal RD, Suite C  
 Lansing , MI 489172460  
 (517) 323-8221



Office # : 20  
 Service Date: 04/20/2021  
 Payment #: 7001205  
 Employee : 993301

Patient Name : Michael Bishop  
 8607 Carlsbad Lane  
 Lansing, MI 48917

Item/ Service Description	Retail Price	Discount	Insurance Allowance	Insurance Copay	Patient Due
<b>Order # 5886056</b>	<b>Insurance: VSP SIGNATURE</b>				
JOE 4061 SMOKE-036 56/17/145	\$179.98		\$179.98		\$0.00
Unity Via Elite Poly Clear	\$384.00		\$354.00	\$20.00	\$50.00
Techshield Blue UVR	\$145.00		\$145.00		\$0.00
Backside UV W/Free SwipeIt Kit	\$30.00		\$20.00		\$10.00
<b>Total</b>	<b>\$738.98</b>	<b>\$0.00</b>	<b>\$698.98</b>	<b>\$20.00</b>	<b>\$60.00</b>

Your savings with the VSP Pla	<b>\$678.98</b>
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**Order # 5886058**

**Insurance: VSP SIGNATURE**

S0621 Routine Eye Exam Est. - S0621	\$65.00		\$65.00	\$20.00	\$20.00
<b>Total</b>	<b>\$65.00</b>	<b>\$0.00</b>	<b>\$65.00</b>	<b>\$20.00</b>	<b>\$20.00</b>

Your savings with the VSP Pla	<b>\$45.00</b>
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Tax	\$0.00
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