

## Vision Source 20/20 Plan Employer Enrollment Form

Please fax or mail this form to the Vision Source office nearest you. A complete listing of participating physicians and locations is attached. Or, you can call **1-800-EYES-911** for the location nearest you. Although you will be assigned a **Vision Source 20/20** “home” office, you and your employees are welcome to receive your benefits at any Vision Source location in San Antonio. Once this form has been submitted, membership cards will be mailed directly to you for distribution to your employees.

Your employees do not need to complete a separate enrollment sheet.

Once you have distributed the cards, your employees are encouraged to call the Vision Source office of their choice, and to identify themselves as a **20/20 Eye Care Program** participant.

The Vision Source office will enter this information into the employee’s patient record and the benefits of the program will start with their first appointment.

Please call **1-800-EYES-911** if you need additional materials or have any questions.

*Thank you for your participation in Vision Source’s 20/20 Eye Care Program!*

Name of Company \_\_\_\_\_ # of Employees \_\_\_\_\_

Owner/Manager’s Name \_\_\_\_\_

Title \_\_\_\_\_

Primary 20/20 Company Contact (if different from above) \_\_\_\_\_

Title \_\_\_\_\_

Company Phone Number \_\_\_\_\_ Fax \_\_\_\_\_

E-mail Address \_\_\_\_\_

Web Address \_\_\_\_\_

Company Mailing Address \_\_\_\_\_

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