



OPTICAL
11421 E. CARSON STREET SUITE D
LAKEWOOD, CA 90715 (562)860-4590

Date: _____

WELCOME TO LIVE LIFE OPTICAL!

CUSTOMER INFORMATION

Last Name: _____ First Name: _____ Date of Birth: ____/____/____
Month / Date / Year

Address: _____ Apt/Suite _____ City: _____ CA, Zip Code _____

Email Address: _____

How did you hear about us?

[] Yelp [] Insurance [] Drive By

[] Google [] Dr. _____

[] Walk-In [] Other _____

[] Referral _____

Home Phone: (____) _____

Text Msg (Yes / No) Cell Phone: (____) _____

Work Phone: (____) _____

Occupation: _____ at _____

INSURANCE POLICY INFORMATION

Vision Care Plan: [] Yes [] No

If Yes, name of plan: _____

Name of Insured (if different from customer): Last, First _____

Primary Insured's Social Security: _____ - _____ - _____

Birthday of Insured: _____

Insurance Card Member ID # _____

Month / Date / Year

Customer's relationship to Insured: [] Self [] Spouse [] Child [] Domestic Partner

I acknowledge and agree that Live Life Optical Inc may submit my vision benefit claims to my managed care plan to receive reimbursement directly for the eyeglass services / contact lenses / products that I have received from Live Life Optical Inc. I authorize Live Life Optical Inc to release information necessary to secure the payments of benefits.

I understand that I am financially responsible to the provider for all charges, including those not covered by my vision insurance plan, within 60 days of the date of service.

A Verification of insurance benefits is not a guarantee of payment

EYEGASSES PRESCRIPTION POLICY

I understand cancellations on eyeglasses are not permitted as all eyeglasses are custom crafted for each customer with their unique prescription. Full refunds are not possible. A restocking fee may be applied.

For prescription we fill written by an Optometrist: Eyeglass lenses will be re-made one time at no charge if the prescribing doctor provides a new written prescription within 60 days of dispensing (Equal or lesser value.)

I understand full payment is required before any materials will be ordered. Payments for materials not picked up in 90 days will not be refunded or canceled.

Signature of Customer or Guardian

Date