

Luminous Optometry Membership Plan – Terms & Conditions

1. Membership Overview

- The Luminous Optometry Membership Plan (“Plan”) is an **in-house savings program** for vision care services and eyewear provided at Luminous Optometry.
- This Plan is **NOT insurance** and cannot be combined with vision or medical insurance.
- Membership provides discounts on select services and products for **12 months** from the enrollment date.

2. Membership Eligibility & Fees

- Available to individuals and families who receive services at Luminous Optometry.
- Membership fees are **non-refundable** and must be paid in full at the time of enrollment.
- **Membership automatically expires after 12 months** unless renewed.

3. Included Services & Discounts

- **One (1) Comprehensive Eye Exam per year (includes refraction & eye health evaluation).**
- **15% OFF** Optical Frames/Sunglasses Frames
- **15% OFF** Premium Lenses Options
- **20% OFF** Contact Lens Exams
- **10% OFF** Contact Lenses Order & Specialty Services (Dry Eye Treatment, Myopia Control, etc.)
- **Free shipping** on annual Contact Lenses supply.
- **Priority Scheduling** – Get seen faster with VIP appointment access

4. Exclusions & Limitations

- The Plan **does not cover medical eye exams** (e.g., red eye visits, glaucoma management, diabetic eye exams).
- Discounts **do not apply to already discounted packages, promotions, or special sales.**
- Cannot be used in conjunction with **insurance, flexible spending accounts (FSA), or health savings accounts (HSA)** for services/products that insurance could cover.

- **Membership benefits are non-transferable** and cannot be shared with individuals outside the enrolled household.

5. Payment & Cancellation Policy

- Membership fees must be paid upfront; **no payment plans** are available.
- Membership is **non-refundable** even if benefits are unused.
- If a member **misses an appointment without proper notice**, standard no-show fees may apply.

6. Agreement & Acknowledgment

By signing below, I acknowledge that I have read, understood, and agree to the terms and conditions of the **Luminous Optometry Membership Plan**. I understand that this is a **discount program, not insurance**, and that **membership fees are non-refundable**.

Patient Name: _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

Signature: _____

Date: _____

Legal Disclaimers

- The Luminous Optometry Membership Plan **is not a qualified health plan under the Affordable Care Act (ACA)** and does not meet any insurance requirements.
- Membership fees **cannot be submitted to insurance** for reimbursement.
- Luminous Optometry reserves the right to **modify pricing or benefits** with written notice before the renewal period.
- Membership **does not guarantee appointment availability** and is subject to office scheduling policies.