

# VENDOR ALLIES



*"IECP is the catalyst that will mobilize stakeholders in independent optometry to act as a cohesive unit, driving profit and market share for independent eye doctors so they can continue to provide the highest quality of care and materials to the patients they serve."*

# ABOUT THE PROGRAM

As a member of Independent Eye Care Professionals (IECP) and your State IPA, you are eligible to utilize the Strategic Vendor Allies and the significant incentives and discounts that have been established with them on your behalf. Additionally, through a generous rebate program based on your purchases, these Vendor Allies have made considerable financial commitments to support Independent ECPs across the country. These funds are used to grow your IPA and give you a stronger voice in the constantly evolving managed care industry. Our Vendor Allies believe in the importance of independent eye care and have stepped up in a major way to help you succeed. Please review the information in this packet carefully to gain a better understanding of the companies that support your practice and your profession.



# VENDOR ASSIGNMENT FORM

**Practice Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

By signing this form, I agree to allow IECP to receive information concerning my account and purchases so that IECP and my state IPA may receive marketing funds. I understand that this information will be held in the strictest confidence and will not be shared with anyone outside the IECP organization.

**To receive the discounts listed below, fax this signed and completed form to 801-466-4113 Attn: Kohnie Jensen.**

IECP Vendor Allies						
Vendor	Type	Discount	Requirements	Phone	Website	Account #
Carl Zeiss Vision	Lenses	Up to 33%	Sign Up Form	800-358-8258	vision.zeiss.com	
VCD Labs	Lenses/Frames	IECP Pricing	None	800-399-9644	vcdlabs.com	
Opti-Stock	Stock Lenses	IECP Pricing	None	313-388-8685	vcdlabs.com	
Hoya	Lenses	Up to 35%	None	800-423-2361	hoyavision.com	
ClearVision Optical	Frames	Up to 20%	Sign Up Form	800-645-3733	cvoptical.com	
Europa	Frames	Up to 32%	None	800-621-4108	europaeye.com	
I-Deal Optics	Frames	IECP Pricing	None	800-758-6249	i-dealoptics.com	
Modern Optical	Frames	30% and up	None	800-323-2409	modernoptical.com	
Safilo USA	Frames	Up to 19%	Sign Up Form	800-631-1188	safilousa.com	
Tura	Frames	17%	Direct Bill	800-242-8872	tura.com	
CS Eye	Billing Support	Up to 20%	None	866-551-0232	cseye.biz	
Doctors Optimal	Neutraceuticals	Up to 50%	None	800-999-3729	drsoptimalformula.com	
NuSkin	Neutraceuticals	IECP Pricing	None	801-403-7027	nuskin.com	
FoxFire	EHR	10%	None	800-333-4176	foxfiresg.com	
EMS	Equipment/Serviceing	IECP Pricing	IECP Login	888-781-4458	emseye.com/iecp-members	
Office Depot	Office Supplies	Up to 30%	IECP Login	888-263-3423	business.officedepot.com	
Solution Reach	Patient Engagement	75%	None	866-605-6867	solutionreach.com/iecp	



LENSES

OFFER

- Up to 33% off National Price List (30% if net Rx sales is less than \$2000/month).
- 3% quarterly practice rebate paid on Private Pay, VSP and EyeMed through LLS.
- Let your optical work for your medical with ONEZEISS program.
- ZEISS Practice Advantage Program for practice building support.
- Two-year warranty on premium ZEISS AR coatings.
- \$1.95 overnight shipping per pair.
- 50% off second pairs ordered within 30 days (one pair must have AR).
- Special stock lens pricing.

**New Member Program\***

New IECP members will receive a 50% discount on Carl Zeiss Vision Rx lab services on qualifying lenses for the first 3 months.

\* New Member is defined as a member that does not purchase Products and Services from Carl Zeiss Vision, or has purchased less than \$1,000 a month in the previous three months.

REQUIREMENTS

Doctors must complete a Carl Zeiss Vision Authorization form (see Appendix) and submit to the local Zeiss Representative.



LENSES

OFFER

Discounted pricing on all products, uncuts, frame to follow and Complete Eyewear. See sample pricing below. For a complete price list, contact VCD Labs at 800-399-9644 Ext. 80.

	<b>Complete Eyewear</b> Includes frame, lens, edging, hard coat and high-end AR coating	<b>Uncut / Frame to Follow</b> Includes lens, hard coat and high-end AR coating
Single Vision CR-39	\$25.00	\$19.00
Single Vision w/ Resolution® Poly	\$35.00	\$30.00
Acuity® PAL CR-39	\$53.00	\$47.00
Acuity® PAL w/ Resolution® Poly	\$59.00	\$54.00

REQUIREMENTS

Doctors must create an account with VCD Labs by going to [www.vcdlabs.com/register](http://www.vcdlabs.com/register).



## LENSES

### OFFER

Discounted pricing on stock lenses from all major lens manufacturers (including Essilor, Hoya, PFO and more), eyewear repair tools and a wide variety of optical accessories. See sample pricing below. For a complete price list, contact VCD Labs at 800-399-9644 Ext. 80.

	<b>IECP Member Price</b>
SOMO Plastic Uncoated 65/70mm	\$1.14
RESOLUTION® Poly with AR 76mm	\$10.90
HOYA TRIVEX w/ HI VISION AR	\$29.90
CRIZAL Avancé UV Plastic	\$42.18

### REQUIREMENTS

Doctors must create an account with Opti-Stock through VCD Labs by going to the account registration page [www.vcdlabs.com/register](http://www.vcdlabs.com/register).



## LENSES

### OFFER

- 35% discount from National Price List on all Hoya free form lenses with EX3 AR Coating.
- 32% discount from National Price List on all Hoya branded designs.
- 28% discount from National Price List on Non-Hoya designs.

#### **Private Label Progressive**

IECP members have the ability to access a range of progressive lenses exclusively designed by Hoya and privately labeled for Vision Care Direct. See sample pricing below. For a complete price list, contact IECP at 877-488-8900.

	<b>IECP Member Price</b>
Baseline Progressive - Plastic 1.50	\$43.00
Baseline Progressive - Polycarbonate	\$56.00
Baseline Progressive + iQ - Plastic 1.50	\$53.00
Baseline Progressive + iQ - 1.60	\$82.00
Baseline Progressive + BKS - 1.60 Transitions	\$118.00
Baseline Progressive + HiDef - 1.67 Transitions	\$144.00
Premium AR Treatment	\$21.00
Premium Plus AR Treatment	\$24.00

### REQUIREMENTS

It is not necessary to complete any type of Sign-Up or Rebate Acknowledgment Form. Be certain that the local rep or the company acknowledges you as an IECP provider.

## OFFER

**Tier 1: Net sales less than \$8,500 in prior year. No minimum board space requirement.**

- 15%: Izod, Ocean Pacific, Jessica McClintock, Junction City, Clearvision Collection, Digit, Dilli Dalli
- 10%: Ellen Tracy, BCBGMAXAZRIA, Marc Ecko
- 5%: Cole Haan

**Tier 2: Net sales greater than \$8,500 in prior year**

- 20%: Izod, Ocean Pacific, Jessica McClintock, Junction City, Clearvision Collection, Digit, Dilli Dalli
- 15%: Ellen Tracy, BCBGMAXAZRIA, Marc Ecko
- 10%: Cole Haan

**One-time discount for members new to ClearVision.**

Opportunity available to members meeting any of the following criteria:

- Customers new to ClearVision
- Reactivated customers with no sales in prior 12 month period
- New offices opened by any current customer

One-time discount for eligible members

- 30% off purchase of 18 pieces
- 40% off purchase of 36 pieces
- 50% off purchase of 72 pieces

All styles must be sold in color sets of two; 200 piece maximum.

**Substantial savings off list price for select models**

- 50% off list price for select group of active models which are fully warranted, minimum 50 piece order, available to eligible accounts.

**5% co-op for eligible members**

- 5% co-op on annual net sales for members meeting set criteria and choose to engage in the ClearVision Co-op Program
- Member must have a minimum of \$6,000 in annual net sales for current calendar year
- Co-op can be used for advertising, marketing, merchandising, and practice management. ClearVision pays 50% of co-op costs in accordance with the ClearVision Co-op Program.

**Special Payment Terms:**

- 30-60-90 terms available on qualifying stock orders; monthly statements must be settled by the 10th of each month.

## REQUIREMENTS

To qualify for any benefits and/or rebates from ClearVision:

- Doctors must designate IECP as their primary alliance with Clearvision
- Billing status must be current
- Doctor must have an active account (\$600 net sales or more per quarter)
- Annual return rate must be less than 33%
- All benefits based upon individual credit qualifications

OFFER

- Zero purchase commitment - 20% discount off wholesale price
- 25 board spots - 22% discount off wholesale price
- 50 board spots - 27% discount off wholesale price
- 100 board spots - 32% discount off wholesale price

**Special Billing Terms**

- 50 frame order - ½ in 30 days, ½ in 60 days
- 100 frame order - ⅓ in 30 days, ⅓ in 60 days, ⅓ in 90 days
- 150 frame order - ¼ in 30 days, ¼ in 60 days, ¼ in 90 days, ¼ in 120 days
- 200 frame order - ½ in 30 days, ⅓ in 60 days, ⅓ in 90 days, ⅓ in 120 days, ⅓ in 150 days

REQUIREMENTS

It is not necessary to complete any type of Sign-Up or Rebate Acknowledgment Form. Be certain that the local rep or the company acknowledges you as an IECP provider.



OFFER

Special IECP Pricing  
Minimum purchase requirement of 36 pieces for initial orders.

Collection	Frame Facts Price	IECP Member Price
Elegante'	\$66.99	\$15.99
Haggar Flex	\$69.99	\$20.99
Haggar	\$64.99	\$14.99
Reflections	\$64.99	\$13.99
Suntrends	\$61.99	\$14.99
Peace Sun	\$59.99	\$13.99
Peace	\$59.99	\$13.99
JB Bendables	\$59.99	\$11.99
Jelly Bean A/S	\$56.99	\$10.99
Casino A/S	\$56.99	\$10.99
Jelly Bean Budget	\$44.99	\$6.49
Casino Budget	\$44.99	\$6.49
Focus II	\$39.99	\$4.99
Focus	\$24.99	\$3.49

REQUIREMENTS

It is not necessary to complete any type of Sign-Up or Rebate Acknowledgment Form. Be certain that the local rep or the company acknowledges you as an IECP provider.

FRAMES

OFFER

30+% discount off all price groups

Price Group	Frame Facts Price	IECP Member Price
Black Diamond	\$54.99	\$38.50
Grey	\$49.99	\$34.99
Yellow	\$39.99	\$27.99
Red	\$29.99	\$16.99
Blue	\$29.99	\$7.99
Green	\$29.99	\$4.99
Lime	\$29.99	\$3.99

REQUIREMENTS

Doctors must complete a Modern Optical Vendor Agreement Form (see Appendix) and submit to the local Modern Representative.



FRAMES

OFFER

- 19% invoice discount on house brands
- 11% invoice discount on fashion lines
- 9% invoice discount on designer lines
- 7% invoice discount on luxury lines

**Special Promotion Allowance and Co-op**

- 5% of net sales revenue if member has \$16,000 in net annual purchases and maintains a minimum return rate under 25% which can be used toward a yearly invoice credit or use in co-op program.

**All invoice discounts are from dollar-one.**

To get the full percentage discount as a non-IECP provider, Safilo requires minimum yearly purchases of \$20,000 and no 5% Co-op Promotional Allowance is offered.

REQUIREMENTS

Doctors must complete a Safilo Vendor Agreement Form (see Appendix) and submit to the local Safilo Representative.

Note: The discounts are invoiced at 1% more than the percentages indicated above and reduced to the actual discounts as Safilo then pays the State IPA a 1% rebate.



**OFFER** | 17% discount off direct bill invoice on all net product sales.

**REQUIREMENTS** | Doctors must complete a Tura Vendor Agreement Form (see Appendix) and submit to the local Tura Representative.



## BILLING & COMPLIANCE

**OFFER** | Compliance Specialists (CSEye) provides services to increase the profitability of practices by insuring proper government and insurance coding compliance. They evaluate and work with all areas of a practice, including optical. A no-charge evaluation will be performed and then a program will be recommended, if necessary. Performance guarantees are provided for the programs.

**EyeComply Program for \$600**

- Helps offices meet minimum requirements from CMS and OIG
  - Compliance Manual and Officer
  - 10 Chart Reviews
  - Fraud & Abuse Training
  - Compliance and Revenue Evaluation
  - Self-audit Program

**Other Available Programs**

	<b>List Price</b>	<b>IECP Member Price</b>
On-site Needs Based Training (Procedure/Optical) 12 months of training and support	\$19,995	\$17,995
On-site Focused Training 12 months of training and support	\$13,995	\$11,995
Remote Needs Based Training (Procedure/Optical) 6 months of training and support	\$11,495	\$9,995
Remote Focused Training (Procedure/Optical) 3 months of training and support	\$5,995	\$4,995

**REQUIREMENTS** | It is not necessary to complete any type of Sign-Up or Rebate Acknowledgement Form. Be certain that the local rep or the company acknowledges you are an IECP member.



NUTRACEUTICALS

OFFER

- 50% discount for wholesale orders when ordered in bulk quantity (cases of 12).
- 38% discount/commission to doctors for orders placed via the website or the toll-free phone ordering system. Applies toward patient and doctor ordered products.
- 38% discount/commission to doctors for wholesale purchases for retailing in doctor's practices when ordered in non-bulk quantity.

REQUIREMENTS

It is not necessary to complete any type of Sign-Up or Rebate Acknowledgement Form. Be certain that the local rep or the company acknowledges you are an IECF member.



NU SKIN  
THE DIFFERENCE. DEMONSTRATED.™

NUTRACEUTICALS

OFFER

- Monthly rental rate of \$209 for the Pharmanex S3 Biophotonic Scanner.
- \$2,750 new account startup kit (value of over \$5,000)
- Ability to have an automatic delivery system for your patients through your website
- Wholesale distributor pricing on all NuSkin products

REQUIREMENTS

To create an account or set up a demonstration of the S3 Scanner, contact Scott Bennett at 801-403-7027 or by email at sbennett11@me.com.



EHR SOFTWARE

OFFER

- \$1,000 discount per doctor (approximately 10% discount off all software programs).
- Host Server Fee of \$135 per month per doctor

REQUIREMENTS

It is not necessary to complete any type of Sign-Up or Rebate Acknowledgement Form. Be certain that the local rep or the company acknowledges you are an IECF member.



# EQUIPMENT & SERVICING

## OFFER

Single unit service contract preferred pricing:

	EMS Pricing	IECP Member Pricing
<b>OCTs</b>		
Stratus OCT III	\$2,975	\$2,677
Cirrus 4000	\$3,655	\$3,289
Spectralis OCT 2 Mode	\$2,720	\$2,448
GDX VCC	\$2,550	\$2,295
<b>Fundus Cameras</b>		
Visucam ProNM	\$1,479	\$1,331
Cannon	\$1,360	\$1,224
Topcon	\$1,402	\$1,262
<b>Visual Fields</b>		
HFA-740, 745, 750	\$948	\$853.20
Matrix	\$752.25	\$678
FDT 7'10"	\$638	\$573.75
<b>Topographers</b>		
Atlas 9000	\$1,255	\$1,130
Atlas 992, 993 & 995	\$1,105	\$995

Multiple unit service contract preferred pricing:

Equipment Included	IECP Member Pricing
2 units 1 Cirrus or Stratus OCT, or GDX +1	\$3,325
3 units 1 Cirrus or Stratus OCT, or GDX +2	\$4,150
4 units 1 Cirrus or Stratus OCT, or GDX +3	\$4,600
5 units 1 Cirrus or Stratus OCT, or GDX +4	\$5,200
6 units 1 Cirrus or Stratus OCT, or GDX +5	\$6,100

For more than 6 units included under a service contract, contact EMS directly for pricing at [www.emseye.com/iecp-contact.html](http://www.emseye.com/iecp-contact.html)

Equipment covered by this service program will include: Cirrus OCT, Stratus OCT and GDx, Visual Fields, Fundus Cameras, Topographers, Lensometers, and Autorefractors.

For additional pricing information, go to [www.emseye.com/iecp-members.html](http://www.emseye.com/iecp-members.html) and login using the following:

- Username: "ems"
- Password: "service"

## REQUIREMENTS

It is not necessary to complete any type of Sign-Up or Rebate Acknowledgement Form. Be certain that the local rep or the company acknowledges you are an IECP member.

OFFER

An online Office Depot portal will be set up for each doctor to receive the following:

- 15% off copy paper
- 30% off items on core product list
  - Black/white letter/legal copies \$0.025 each
  - Color letter/legal copies \$0.29 each
  - Coffee/breakroom products
- Items not on the core list have a minimum discount of 5%
- Free next-day delivery on orders over \$50

Doctors may also register a credit card through the online portal to receive the above discount on in-store purchases.

REQUIREMENTS

It is not necessary to complete any type of Sign-Up or Rebate Acknowledgement Form. Be certain that the local rep or the company acknowledges you are an IECP member.

To create an account online, go to <http://goo.gl/nDUMA5>.

OFFER

- \$99 one-time activation fee and \$359 monthly service fee
- Competitor buyout option of up to six months for any practice currently under contract with a competing service.
  - This buyout is in the form of providing free months on the SolutionReach platform until the competitor contract expires.

REQUIREMENTS

It is not necessary to complete any type of Sign-Up or Rebate Acknowledgement Form. Be certain that the local rep or the company acknowledges you are an IECP member. For new account sign ups, go to [www.solutionreach.com/iecp](http://www.solutionreach.com/iecp).



**CARL ZEISS VISION  
VENDOR ALLY AGREEMENT**

Carl Zeiss Vision Account Number (if available): \_\_\_\_\_

Practice Name: \_\_\_\_\_

Owner (Doctor) Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Please list all of the doctors in your practice:  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate your IPA: \_\_\_\_\_

I confirm that I am a member in good standing with the IPA listed above. I agree that rebates from my current business operations with Carl Zeiss Vision will be distributed to the above listed state IPA and IECP as per the Vendor Agreement.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Send completed document to:

**Independent Eye Care Professionals**

E-mail: [pvp@visioncaredirect.com](mailto:pvp@visioncaredirect.com)

Fax: 801-466-4113

If you have any questions, please contact Kohnie Jensen, Vendor Coordinator 877-488-8900

**MODERN OPTICAL  
VENDOR ALLY AGREEMENT**

Modern Optical Account Number (if available): \_\_\_\_\_

Practice Name: \_\_\_\_\_

Owner (Doctor) Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Please list all of the doctors in your practice:  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate your IPA: \_\_\_\_\_

I confirm that I am a member in good standing with the IPA listed above. I agree that rebates from my current business operations with Modern Optical will be distributed to the above listed state IPA and IECP as per the Vendor Agreement.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Send completed document to:  
**Independent Eye Care Professionals**

E-mail: [pvp@visioncaredirect.com](mailto:pvp@visioncaredirect.com)

Fax: 801-466-4113

If you have any questions, please contact Kohnie Jensen, Vendor Coordinator 877-488-8900

**SAFILO USA  
VENDOR ALLY AGREEMENT**

**Safilo** frames are divided into four categories; Proprietary, Fashion, Designer and Luxury. National Coalition members who have completed an enrollment form will receive the maximum discount within each frame category less 1%. This 1% will be accrued by Safilo and dispersed quarterly by check to the state organization. (A non-IECP account would be required to purchase \$20,000 annually to qualify for Safilo's maximum discount program).

**IECP** members purchasing between \$5,000 and \$15,999 with a return rate below 20%, will be eligible for the Safilo USA Co-op Program (please refer to [www.Mysafilo.com](http://www.Mysafilo.com) for Co-op Guidelines).

**IECP** members purchasing \$16,000 or more with a return rate below 20%, will receive a 5% credit for purchases of "Proprietary and Fashion" brands in lieu of Co-op dollars. The credit will appear in the 1st quarter statement of the following calendar year.

**Maximum Discount by Product Category:**

Proprietary	20%
Fashion	12%
Designer	10%
Luxury	8%

**IECP** members previously enrolled in the "Basic or Enhanced" vendor agreement with Safilo USA will automatically be enrolled in the 2015 vendor agreement.

**Miscellaneous**

Buying Group Members - Doctors will have the option to remain purchasing through a buying group and still receive the group benefits. IECP members that remain purchasing through a buying group; purchases will count towards the individual doctor thresholds and count toward the IECP total purchases for the ½ percent national rebate threshold. Member purchases through a buying group will not be eligible for the 1% payment to the state organizations.

**Proprietary Collections** Adensco, Chesterfield, Denim, Elasta, Emozioni, Glamour, Kids, JLo, Lady Elasta, LaStrada, Library, Safilo Design, Team, Titanium

**Fashion Collections** Banana Republic, Carrera, Claiborne, Fossil, Liz Claiborne, Oxydo, Max Mara, Saks Fifth Avenue, Tommy Hilfiger & Polaroid

**Designer Collections** Bobbi Brown, Juicy Couture, Marc by Marc Jacobs, Boss Orange & Kate Spade

**Luxury Collections** Alexander McQueen, Bottega Veneta, Celine, Dior, Gucci, Hugo Boss, Jimmy Choo, Marc Jacobs, Yves St Laurent



**SAFILO USA  
VENDOR ALLY AGREEMENT**

Yes, I understand all the information enclosed and would like to participate in the IECF/Safilo Group Program.

Safilo USA does not encourage or discourage buying through buying groups or other associations. If you currently bill through a buying group or another association, by signing this request I acknowledge that I have not been unduly influenced by Safilo USA or its representatives to change from my existing billing arrangement. If you are requesting a change to be billed directly (from a buying group), you must submit a current credit application. Please contact your Safilo USA sales representative or call 1-800-631-1188 and ask for the Discount Department.

Individual accounts are responsible for their own payments. To participate in this program, timely payments are a requirement.

Name: \_\_\_\_\_ Acct. #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send completed document to:

**Safilo USA**

Fax: 800-568-9747





**TURA  
VENDOR ALLY AGREEMENT**

Tura Account Number (if available): \_\_\_\_\_

Practice Name: \_\_\_\_\_

Owner (Doctor) Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Please list all of the doctors in your practice: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please indicate your IPA: \_\_\_\_\_

I confirm that I am a member in good standing with the IPA listed above. I agree that rebates from my current business operations with Tura, Inc. will be distributed to the above listed state IPA and IECP as per the Vendor Agreement.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Send completed document to:

**Tura, Inc.**

Fax: 800-869-8872

If you have any questions, please contact Tura customer service at 800-869-8872.