



Account # _____

Account Name _____

This will confirm that IcareLabs has agreed to provide you with a rebate for the time period of September 1, 2018 to October 31, 2018, in the form of a credit on the billing statement following the end of the applicable time period. The amount of rebate will be determined using the following formula:

- \$100 rebate per 10 pair of Crizal Sapphire 360UV purchased from **September 1, 2018 to October 31, 2018.**

Please note that you may be required—pursuant to applicable federal or state laws or regulations (including, but not limited to, the federal health care program anti-kickback statute, 42 U.S.C. §1320a-7b(b)) and/or contractual arrangements with third party payers—to fully and accurately report and disclose the net purchase price of products purchased from us (i.e., the price paid after application of earned rebates and any other price reductions), and to provide such further information as may be requested by the relevant government authority, health care plan or program, or third party payer.

We Appreciate your business. If we could be of any further assistance, please feel free to contact us.

- Please ensure that the signature on this form matches the signature on your credit application
- Form must be completed, signed and faxed to us at 888-501-0271 by August 31, 2018 to be eligible

Sales Manager Signature

Practice Owner Signature

Print Name: James Stephany

Print Name: _____