



## **Practice Profile & Implementation**

**Practice Name:** Corneal Consultants of Colorado      **Locations:** 1  
**Owner Name:**      **Contact:**  
**Address:** 8381 Southpark Lane      **City:** Littleton    **State:** CO    **Zip:** 80120  
**Contact Email:**      **Phone:** 303-730-0404  
**Source:** Bill Masler – 2<sup>nd</sup> TEST Account      **Date:** 1 /15 / 2016  
**Logo:** Pulled off line- Need High Quality      **Color Code Numbers:** N/A

### **Communication Tools/ External & Internal**

Website page to post Video Center: <http://www.corneacolorado.com/>

Website Blog: N/A

Facebook: N/A

Twitter: N/A

Practice Management System / EMR:

Practice Email Addresses / Estimated:      CSV File Types:

Email Appointment System: N/A

Practice Custom Video Links:

Current Marketing or Advertising video, graphic or print samples:

### **Hardware Applications:**

Reception TV:

Optical Dispensary: YES

PC's:

iPads / Tablets:

### **Eye IQ Digital Marketing Package Annual Subscription**

Includes all modules

- Education Center: <https://eyeiq.net/m/?b=64>
- Video Content Library:
- Website Integration:
- Website Landing Page:
- Video Email:
- Social Media Dashboard / Posts:
- Lobby / Optical Display Banner Ads:
- Staff Training Module:
- Analytics:

**Implementation & Training Schedule:**

- 1 / /2016 - Initial Online Consultation & Set Up
- 1 / /2016 - Live Online Training (Emailed Links)
- 1 / /2016 - Ongoing support to report utilization & successful implementation

**To Order:**

- Monthly subscription payments by auto pay credit card
- Minimum 6-month contract, auto renewal, cancellation 30 day notice
- Agreed with Terms & Conditions of Service Agreement
- Signed Up for AccuLens Rewards Program

**Payment / Financing Instructions**

**Eye IQ Complete: \$ 300.00 Per Month (Bill account starting 3<sup>rd</sup> Month)**

**One time set up fee: \$ 500.00 (Paid by Acculens)**

**GSLS Show Special Pricing (\$500.00 Set Up & Two Months Free)**

**Total First Payment From Account: \$ 300.00**

**Payments Option:**

Visa/ Mastercard \_\_\_\_ American Express \_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_ CVV Code \_\_\_\_\_

Name on card: \_\_\_\_\_

Street Address (Billing) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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