



Practice Profile & Implementation

Practice Name: UC Health Eye Clinic

Locations: 5

Name: Naresh Mandava, MD

Contact:

Address: 1380 Lawrence St.

City: Denver **State:** CO **Zip:** 80204

Contact Email:

Phone: 303-730-0404

Source: Bill Masler – 3rd TEST Account (Advisory Status) **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: <https://www.uchealth.org/Pages/Services/Eye-and-Vision-Care.aspx>

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=63>
- 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 (N/A)
- Minimum 6-month contract, auto renewal, cancellation 30 day notice (N/A)
- Agreed with Terms & Conditions of Service Agreement (N/A)
- Signed Up for AccuLens Rewards Program (N/A)

Payment / Financing Instructions

Eye IQ Complete: \$ 300.00 Per Month

One time set up fee: \$ 500.00

Total First Payment From Account:

Payments Option: No Payment (Rick Set Up initially as Eye IQ Advisory Status)

Visa/ Mastercard ____ American Express ____

Credit Card Number _____ Expiration Date ____ / ____ CVV Code ____

Name on card: _____

Street Address (Billing) _____

City _____ State _____ Zip _____

Signature: _____