



DRO DIRECT

TAKE CONTROL

Do you appreciate the convenience of one stop shopping?

Are you tired of vision insurance plans complicating your life?

Are you ready for something better?

Break free from vision insurance plans!
IT'S TIME YOU TAKE CONTROL! Sign up for DRO DIRECT TODAY!

DRO DIRECT Plan Options	Single Vision Basic	Single Vision Enhanced	No Line Bifocal Basic	No Line Bifocal Enhanced
Rate: 1 person	\$10/month	\$15/month	\$10/month	\$20/month
Glasses copay (due at time of order)	\$25	\$25	\$25	\$25
Frame allowance	\$70	\$90	\$80	\$100
Lens included*	-Single Vision -Polycarbonate material	-Single Vision -Polycarbonate material -Sharpview AR coating	-Shoreview brand no line bifocal -Plastic material	-Varilux Comfort brand no line bifocal -Plastic material
Frame and Lens Value	\$195	\$280	\$179	\$325
*All DRO Direct plan lenses include scratch coat and can be upgraded to suit your visual demands and style. Package priced lenses are excluded. Other restrictions may apply.				
Contact lens allowance	\$150	\$210	\$150	\$270

Benefits may be used one time per benefit period for either glasses or contacts. Benefits expire 1 year from sign up date and cannot be carried forward if not used. DRO Direct is not an insurance plan.

Select Your Plan:

- Single Vision Basic \$10/month
- Single Vision Enhanced \$15/month
- No Line Bifocal Basic \$10/month
- No Line Bifocal Enhanced \$20/month

By signing below, I agree to the terms of the DRO Direct plan option I have selected above. I also authorize Drs. Deutscher, Rottinghaus, & Oxandale Optometry to charge my credit card monthly for the amount I have selected above for a period of 12 months. I understand that these payments will automatically renew annually unless I contact the office in writing to discontinue the plan.

Printed Name of person to receive benefit: _____ DOB: _____

If above is a minor, print Parent/Guardian name: _____

Signature of Enrollee or Parent/Guardian(if a minor): _____ Date: _____