



4321 20th Ave. S, Fargo, ND 58103



VisionStart.org

Dear Eye Clinic Professional,

Imagine a child eagerly attending the first day of kindergarten, but they're unable to follow along due to an undiagnosed vision condition. This not only makes it difficult to learn but hinders a child's fullest potential to succeed.

60% of problem learners have undetected vision problems, 1 in 4 kids entering kindergarten have vision problems, and 80% of everything a child learns relies on vision. Undiagnosed vision problems can delay child development, hamper academic growth, and lead to permanent vision loss. Early detection from an eye doctor is critical to treat lazy eye, astigmatism, and cancer.

Before age 6, it is recommended that children have 3 eye exams, but 50% of these children have never received an eye exam and 24% of parents wait for their child to have symptoms. For many North Dakota families-in-need, a significant barrier to receiving vision care is cost.

Vision Start is a program supported by the Optometric Foundation of North Dakota and generous donors to provide comprehensive eye exams to children in need ages 4-7 at no cost to their family. This year, we have expanded the eligible age range and increased the reimbursement rate to clinics up to \$100 per exam. Together through the Vision Start program, we will eliminate lazy eye in North Dakota and help kids see a brighter future.

Will you join us? If you're interested, please review the attached Agreement, sign, and return by mail: 4321 20th Ave. S, Fargo, ND 58103 or email: LFoss@DakMed.org.

With gratitude,

A handwritten signature in black ink, appearing to read "Jason Schaff".

Jason Schaff, OD
Chairman of the Board
Optometric Foundation of North Dakota

P.S. - Together, we can help kids see a brighter future in North Dakota!

Agreement Between
Optometric Foundation of North Dakota (Foundation)
and
_____ **(Eye Clinic)**

A. PURPOSE

This Agreement has been made and entered into between the Optometric Foundation of North Dakota, Inc. (hereafter, "Foundation") and _____ (hereafter, "Eye Clinic") on _____ (Date) for Vision Start, a program designed to "Help kids see a brighter future" (hereafter, "Vision Start").

B. BACKGROUND

Imagine a child eagerly attending the first day of kindergarten, but they're unable to follow along due to an undiagnosed vision condition. This not only makes it difficult to learn but hinders a child's fullest potential to succeed.

60% of problem learners have undetected vision problems, 1 in 4 kids entering kindergarten have vision problems, and 80% of everything a child learns relies on vision. Undiagnosed vision problems can delay child development, academic growth, and lead to permanent vision loss. Early detection from an eye doctor is critical to treat lazy eye, astigmatism, and cancer.

Before age 6, it is recommended that children have 3 eye exams, yet 50% of these children have never received an eye exam, and 24% of parents wait for their child to have symptoms. For many North Dakota families-in-need, a significant barrier to receiving vision care is cost. Vision Start is a program supported by the Foundation and generous donors to provide comprehensive eye exams to North Dakota children-in-need ages 4-7 years at no cost to their family.

C. GOAL

Eliminate amblyopia (lazy eye) in North Dakota. Together through the Vision Start program, *we can help kids see a bright future.*

D. PROCESS

1. A Parent/Guardian of a child age 4-7 first learns about Vision Start through pre-k programs, ND Head Start, Lions Club screening events, the participating clinic, Public Health, Country Social Services, social media advertisements online, and word-of-mouth. Messaging of promotional materials will direct parents to visionstart.org for more information and to determine eligibility.
2. The Parent/Guardian will complete an online screening form at visionstart.org to determine eligibility by meeting the following criteria:
 - a. Child is 4-7 years old.
 - b. Child's family income is at or below 300% of current federal poverty level as defined annually by the U.S. Dept. of Health and Human Services and may be found at: <https://aspe.hhs.gov/2020-poverty-guidelines> & on our online screening form.
3. If eligible, the Parent/Guardian will select among participating Eye Clinics for contact information to schedule an appointment. The Parent/Guardian shall be responsible for contacting the Eye Clinic to schedule an appointment.

4. The Foundation shall send an automatically generated referral email to the selected Eye Clinic, the Parent/Guardian, and the Foundation. This email shall include a patient’s unique referral number generated randomly by the Vision Start intake form.
5. When the Parent/Guardian shows up for their child’s visit at the Eye Clinic, they will reference Vision Start and their unique referral number. If a patient does not have this or lost it, please contact the Foundation to verify eligibility. The Eye Clinic shall not collect any co-payment for this eye exam nor bill the patient for the remaining difference between the discounted eye exam rate reimbursed by the Foundation and the normal Eye Clinic charge for this eye exam.
6. Once the exam is complete, the Eye Clinic shall bill the Foundation (no more frequently than monthly) by emailing an invoice to the Foundation (lfoss@dakmed.org) to include the patient’s unique referral number and discounted rate due (\$100 or less). At no time shall the patient’s protected health information (patient name, diagnosis, etc...) be included on a bill sent to the Foundation.
7. The Foundation shall pay the Clinic within 60 days of receiving the invoice.

E. VISION START CONTACT INFORMATION

Foundation

Organization: Optometric Foundation of North Dakota, Inc.
 Primary Contact: Lana Foss, DMF Administrative Specialist
 Street Address: 4321 20th Ave. S
 City, State, Zip Code: Fargo, ND, 58104
 Phone: 701-271-0263
 Email: LFoss@dakmed.org
 Tax Identification/EIN: 77-0599827

Eye Clinic

Organization: _____
 Primary Contact: _____
 Street Address: _____
 City, State, Zip Code: _____
 Phone: _____
 Email: _____
 Tax Identification/EIN: _____

F. ROLES AND RESPONSIBILITIES

The Eye Clinic shall:

1. Provide the Foundation with an email to send referrals and keep the Foundation updated with any changes to this address:
 - a. Primary Contact’s Name: _____
 - b. Primary Contact’s Name: _____

2. Keep track of Foundation referral emails to correctly verify eligible patients by the unique patient referral number to be used in billing.
3. Perform a comprehensive eye exam for any patient ages 4-7 years who has been referred by the Foundation and provided with a referral number.
4. Send the Foundation a bill to receive reimbursement for Vision Start patients

The Foundation shall:

1. Create and distribute Vision Start promotional materials.
2. Maintain an online screening form to determine eligibility on visionstart.org
3. Reimburse Eye Clinic for each comprehensive eye exam for eligible children in need ages 4-7 years up to a rate of \$100.00/exam. Limit one exam per individual. Reimbursement shall be processed within 60 days of receiving an invoice.
4. The Foundation's intent is to provide funding for all children in need of comprehensive eye exams. In the event Vision Start program funds should be exhausted, the Foundation will promptly notify the Eye Clinic to suspend offering these comprehensive eye exams. The Eye Clinic will be notified when the program recommences.

G. TERMS AND CONDITIONS

This Agreement shall be effective from the date of the final signature and shall remain in effect until terminated by either party with 30 days' written notice to the other party.

Representatives from each party will review the terms of this Agreement at least annually from the date of the final signature. Any additions or modifications to the terms of this Agreement or the roles and responsibilities of either party must be agreed to by both parties. Such changes shall be incorporated in written amendments to this Agreement.

H. TERMINATION

Either party may terminate this Agreement upon a 30-day written notice to each other

I. SIGNATURES

The undersigned have read this Agreement and will abide as outlined within:

Foundation

Signature

Written Name

Title

Date

Eye Clinic

Signature

Written Name

Title

Date

