



2020 HHP Check Request

All issued checks from the HHP program will be addressed to the Hoya account name on file. Each check will include a 20 point administration charge to cover the cost of processing. Hoya will deduct 20 points from your HHP account to cover the fee. Final 2020 HHP Plan Check Request Forms must be received by January 31, 2021.

E-MAIL COMPLETED FORM TO HHPADMIN@HOYA.COM OR FAX TO: 972-353-3401

To complete request form please make sure all items marked with an * are filled. Incomplete forms cannot be processed.

*Hoya Acct # (list all that apply): _____

*Practice Name: _____

*Phone #: _____ Email: _____

Check Request Information

*Hoya Account Business Name: _____

*Check Amount Requested: \$ _____ Check box for all available 2020 points:

Minimum check request \$250.00 (250 points plus additional 20 points for administration fee (270 points total) 1 Point = \$1.00

If points are to be deducted from a specific program, list program here: _____

*Practice Owners' Name (PRINT): _____

*Practice Owner/Officer Signature: _____ *Date: _____

By signing above, you as the Owner/Officer of the above practice, you are confirming that you are eligible to participate in the Hoya Honors Program and do not send Hoya any orders or item or service for which payment can be made, in whole or in part, directly or indirectly, by any federal or state health care program.

By Signing above you as the Owner/Officer of the above practice is authorizing Hoya to deduct the applicable points from the designated program. If no specific program is designated the points will be reduced from your HHP points.

All checks will be issued to the business name as listed on the account. Please allow 4-6 weeks processing time.

For Accounting Use Only
Vendor Number: _____
W-9 Form on File: _____

Check Request: _____
Administration Fee 20 Points _____
Total Points Redeemed: _____