



2020 HHP Statement Credit Request

A statement credit can only be applied to the account from which the HHP points are earned. A separate form must be filled out for each individual account with an HHP plan. Final 2020 HHP Statement Credit Request Forms must be received by January 31, 2021. All 2020 plan points expire March 1, 2021 without exception.

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 #: _____

*Practice Name: _____

*Phone #: _____ Email: _____

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

Minimum Statement Credit Request \$250.00 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.

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

Statement Request: _____
Administration Fee: None
Total Points Redeemed: _____