

Claim reference number (Iris use only)

Date of claim

Practice name

Staff name

Claimant

Full name

Type of claim (tick)

Membership number

Membership level

☐ Loss

☐ Accidental damage

☐ Theft

Briefly describe what has happened to the eyewear

Action required (enter details)

(tick)

Frame

Repair

Replace

Right lens

Repair

Replace

Left lens

Repair

Replace

Other

Repair

Replace

Make sure you have attached a copy of the original order invoice.

DO NOT go ahead with any new orders until you have received the go ahead from Iris.

Iris use only

Rec'd date

Claim authorised by

Date

Payment authorised by

Date

Notes

Claim back your costs

Practice office use only

Invoice values exc VAT

Invoice attached (tick)

£

£

£

£

Total net value of attached invoices

£

Standard net dispensing fee

£75

VAT

£

Total value of claim for costs

£

Send to:

Iris Visioncare Limited
 Iris House, 62 Ridgeway
 Plympton, Plymouth
 Devon PL2 7AL