

## Affiliate Registration Form

Last name	First name
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### PERI-OPERATIVE FEES

Your TLC Center's standard peri-op fee\* is based on a percentage of the total patient invoice.

Pre-operative examination fees: 5 %    Pre-operative patient education fees: 5 %    Post-operative care fees: 10%

I agree to have TLC collect their standard peri-op fee of my behalf.

\_\_\_\_\_ (Initial here)

\* Peri-operative fee calculation is based on the total patient invoice total with no fee paid on Lifetime Commitment or technology upgrade fees

**OR**

I am choosing to have TLC collect these fees on my behalf.

\_\_\_\_\_ (Initial here)

Pre-op examination fee: \$\_\_\_\_\_/ eye    Pre-op patient education fee: \$\_\_\_\_\_/ eye    Post-op care fee: \$\_\_\_\_\_/ eye

I wish to become an affiliated doctor of TLC Vision Centers, LLC, and its subsidiaries ("TLC") and participate in the care of patients treated at a TLC facility ("Patients"). I hereby represent and warrant to TLC that:

- (a) I am licensed to practice the professional specialty ("Specialty") for which I perform services for the Patients ("Services").
- (b) I am licensed to practice the Specialty in the state(s) ("State") or province(s) ("Province") where I would be performing the Services for Patients treated at a TLC facility.
- (c) I will seek clinical education to provide these Services to the Patients if I do not currently have this knowledge.
- (d) I am insured by a professional liability insurance policy to cover professional malpractice claims made against me pursuant to the Services I perform for Patients treated at a TLC facility.
- (e) I hereby agree that TLC may use and publish my name as a "TLC Affiliate" in its marketing materials and advertisements; and
- (f) I hereby agree to notify the TLC Legal Department at 1555 Palm Beach Lakes Blvd., Suite 600, West Palm Beach, FL 33401 in writing, within forty-eight (48) hours of being notified of (i) a determination that my license to practice the Specialty in the State or Province has been suspended, revoked, or subject to probationary conditions ("Adverse Determinations"); or (ii) the cancellation or termination of my professional liability insurance policy.

I have carefully read the adjoining material and have reviewed the information to assure its accuracy.

Signature \_\_\_\_\_

Date \_\_\_\_\_

I provide my emergency contact information to all my patients.

Signature \_\_\_\_\_

Date \_\_\_\_\_

# Affiliate Registration Form

<b>AFFILIATE DOCTOR INFORMATION</b>			
Last name	First name	Middle Initial	DO:
Cell Phone #	Email Address		Degree: <input type="checkbox"/> OD: <input type="checkbox"/> MD: <input type="checkbox"/>
<b>OFFICE &amp; PAYMENT INFORMATION -- see page 3 for information on TLC's Electronic Funds Transfer Payment Program.</b>			
<b>Office 1</b>			
I request payments collected for this office be made as <input type="checkbox"/> Electronic Funds Transfer (complete page 4) OR <input type="checkbox"/> Check. There is a \$12 administrative fee to collect and distribute your peri-operative fee.			
Address	City, State, Zip		
Phone # (incl. area code)	Fax # (incl. area code)		
Website Address for this Office	Doing business as Name		
Tax ID (SS# or federal ID) To be used to report income to IRS.	Legal Name for the Tax ID as registered w/IRS or Social Security Administration		
Mailing address for payments if different from office address above	City, State, Zip		
<b>Office 2</b>			
if same Tax ID is used for Office 2 as shown for Office 1 and an Electronic Funds Transfer has been requested for Office 1, payment be Electronic Funds Transfer must also be selected for Office 2. I request payments collected for this office be made as <input type="checkbox"/> Electronic Funds Transfer (complete page 4) OR <input type="checkbox"/> Check. There is a \$12 administrative fee to collect and distribute your peri-operative fee.			
Address	City, State, Zip		
Phone # (incl. area code)	Fax # (incl. area code)		
Website Address for this Office	Doing business as Name		
Tax ID (SS# or federal ID) To be used to report income to IRS.	Legal Name for the Tax ID as registered w/IRS or Social Security Administration		
Mailing address for payments if different from office address above	City, State, Zip		

Notes:

- A W-9 form must be provided for each legal name that is provided. The information on the W-9 should be consistent with the information in the Financial Information section for each location.
- If there are more office locations, please include office and payment information for these locations on a separate sheet to be provided to you by your TLC Center or PRC.

# Affiliate Registration Form

Form **W-9**  
(Rev. December 2014)  
Department of the Treasury  
Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

Print or type See Specific Instructions on page 2.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <p><b>2</b> Business name/disregarded entity name, if different from above</p> <p><b>3</b> Check appropriate box for federal tax classification; check only one of the following seven boxes:  <input type="checkbox"/> Individual/sole proprietor or single-member LLC  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <small>Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.</small>  <input type="checkbox"/> Other (see instructions) ▶ _____</p> <p><input type="checkbox"/> C Corporation    <input type="checkbox"/> S Corporation    <input type="checkbox"/> Partnership    <input type="checkbox"/> Trust/estate</p> <p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):          Exempt payee code (if any) _____          Exemption from FATCA reporting code (if any) _____  <small>Applies to accounts maintained outside the U.S.</small></p> <p><b>5</b> Address (number, street, and apt. or suite no.) _____          City, state, and ZIP code _____</p> <p>Requester's name and address (optional) _____</p> <p><b>7</b> List account number(s) here (optional) _____</p>
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### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									
-				-					

OR

Employer identification number									
-				-					

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶ _____	Date ▶ _____
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.  
**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

#### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

## Affiliate Registration Form

### **TLC'S ELECTRONIC FUNDS TRANSFER (EFT) PAYMENT PROGRAM**

TLC Vision's Accounts Payable Department is pleased to offer the availability of an Electronic Funds Transfer (EFT) Payment Program. EFT payments are issued directly to a participant's bank account. Each participant will receive an e-mailed advice containing payment information similar to your current check stub.

Participation is fast and easy! To enroll, complete page 4 of this form and return it with a voided check to your TLC Center or PRC.

An e-mail address is required on page 4 to receive a remittance advice. The required email address you provide should be for the individual in your office who handles Accounts Receivables for you. Up to 2 other email addresses can be listed for others you want to also receive this information.

EFT payments are processed in the same manner as a check type payment. Funds are generally available the next day. TLC will continue to process check type payments per the normal schedule. However, receipt of checks are dependent on the United States Postal Service delivery schedule.

We encourage you to join the Electronic Funds Transfer Payment Program. Faster receipt of payment and convenience are the major benefits of the EFT Payment Program. Participants can avoid trips to the bank, delays in the mail, and have the security of an electronic payment.

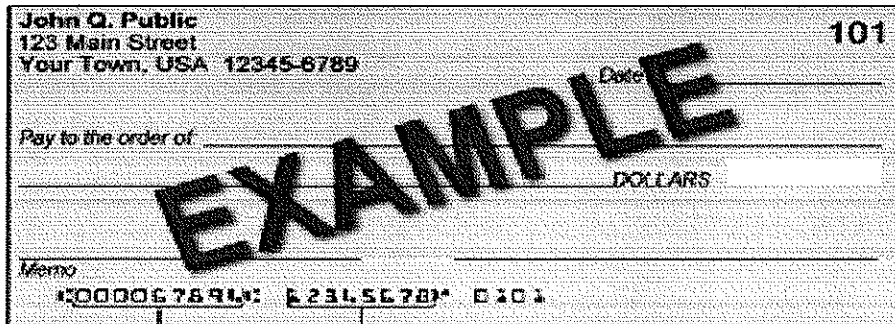
If you have any questions regarding the EFT Payment Program, this letter or the attached form, please contact your local TLC Center.

**Affiliate Registration Form**

<b>TLC'S ELECTRONIC FUNDS TRANSFER (EFT) PAYMENT PROGRAM AUTHORIZATION FORM</b>	
Check one: Is this a <b>NEW REQUEST</b> _____ or a <b>CHANGE REQUEST</b> to change account _____	
Type of Account: <b>Checking</b> _____ or <b>Savings</b> _____ (If Savings, please include notice from your banking institution regarding the routing number and account number.)	
I hereby authorize TLC Vision and the financial institution named below to deposit my Payment Reimbursements into my account each time my payment is approved and released. This authorization will remain in effect until I file a new EFT authorization form. I agree that if any funds are deposited in error to my account, TLC will recover such funds directly from my account.	
Legal Name for the Tax ID as registered with IRS or SS. (same as on page 1 of this form)	
Tax ID#	Phone # (Required)
Other TLC Affiliate Doctors paid under same Tax ID #	TLC Vendor ID (internal use only)
1.	
2.	
3.	
4.	
<b>Signature (Required)</b>	<b>Date</b>
The required email address you provide below should be for the individual in your office who handles Accounts Receivables for you. Up to 2 other email addresses can be listed for others you want to receive this information.	
<b>Email Address (Required)</b>	
Other Email Address to receive EFT notification	
Other Email Address to receive EFT notification	

**Return this form to your TLC Center or PRC along with a voided check.**

Important Note: Your signature on this form and a voided check are required to ensure the accuracy of your EFT set up.



Routing/Transit  
Number

Account  
Number