Initial Checklist

elevate eyecare

Scan the QR code to download and complete a digital version **OR** fill out by hand and fax to us at 864-715-3399 or send picture of completed form to joinus@elevatemyeyes.com.

DOCUMENT	FILE TYPE/NOTES
Tax Returns ☐ *2019* ☐ *2020* ☐ *2021*	PDF
Profit & Loss ☐ *2019* ☐ *2020* ☐ *2021* ☐ *2022*	By Month in Excel
☐ Balance Sheets	Latest Available
Full Exams ☐ *2019* ☐ *2020* ☐ *2021* ☐ *2022*	New vs Existing
Contact Lens Exams ☐ *2019* ☐ *2020* ☐ *2021* ☐ *2022*	
☐ Production Report	PDF (Revenue by Service Type)
☐ How far are you booked out?	
☐ Do you have consignment inventory?	
☐ Frame Sold Report	PDF
☐ What type of software do you use?	
☐ Photos of the Office	Inside and Outside
☐ Employee Census	Excel File Provided
☐ Equipment List	Instrument, Model and Age
☐ Do you have an OPTOS?	
☐ 2021 Insurance Payments by Payor	Broken Down by Payor
☐ Do you own the building?	If NO, then please provide Copy of Lease
☐ Rent Paid to Self	
☐ Approximate Square Footage	
☐ Property Expenses Paid by the Business	
☐ How many doctor lanes?	
☐ Doctor and Office Schedule	See Attached Sheet or PDF
☐ 3 Minute Office Tour Video	Send by Email