

# DAVIS VISION

EYECARE REFRAMED<sup>SM</sup>

Received by Davis Vision

## PRIOR APPROVAL REQUEST FORM

Submit To: Toll Free Fax 1-800-584-2329

**IMPORTANT: PLEASE VERIFY MEMBER BENEFIT PRIOR TO SUBMITTING REQUEST.**

**Patient Information (PLEASE PRINT)**

Patient Name		Member ID Number	Member Name
Patient Date of Birth	New Patient: Yes <input type="checkbox"/> No <input type="checkbox"/>	Group/Employer Name	Date of Service

**Provider Information**

Provider Name (Please Print)	*Provider Panel Number (Required)*	Date of Request
Provider Email Address	Provider Telephone Number	Provider Fax Number

**Please Mark Services Requested**

**Diagnosis/Reason for Services**

Exam Only <input type="checkbox"/>	Contact Lens Evaluation <input type="checkbox"/>	Keratoconus <input type="checkbox"/>	Progressive Myopia <input type="checkbox"/>
Exam & Eyeglasses <input type="checkbox"/>	Low Vision Evaluation <input type="checkbox"/>	Aphakia <input type="checkbox"/>	Pathological Myopia <input type="checkbox"/>
Eyeglasses Only <input type="checkbox"/>	Additional Exam <input type="checkbox"/>	Post Cataract <input type="checkbox"/> Date Last Surgery: _____	Diabetes <input type="checkbox"/>
Repair/Replace Frame <input type="checkbox"/>		Anisometropia <input type="checkbox"/>	Other <input type="checkbox"/>
Repair/Replace Lenses <input type="checkbox"/>			

Provider Comments:	Supporting Documents Attached <input type="checkbox"/>
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**Prescription (Information Required)**

**Fees (Information Required)**

Rx Eyeglasses	OD	VA OD	Professional Fee \$ _____
	OS	VA OS	
Contact Lenses	OD	VA OD	Material Fee \$ _____
	OS	VA OS	
			Contact Lenses <input type="checkbox"/> Low Vision Aids <input type="checkbox"/> Eyeglasses <input type="checkbox"/>

**BOTH OLD AND NEW PRESCRIPTION MUST BE COMPLETED BELOW FOR REQUESTS RELATED TO CHANGES IN RX.**

Old Rx	OD	New Rx	OD
	OS		OS

**FOR DAVIS VISION USE ONLY – DO NOT WRITE BELOW THIS AREA**

Approved Date	Auth No./ Benefit	Denied Date	Reviewed By:
			Signature:
Comments:			
Additional Information Required		Date Requested	Date Received

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