DAVISVISION
SEE LIFE

Received by Davis Vision

PRIOR APPROVAL / MEDICALLY NECESSARY SERVICES REQUEST FORM

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

IMPORTANT: PLEASE VERIFY MEMBER BENEFIT PRIOR TO SUBMITTING REQUEST.

Patient Information

Patient Name (Please Print)		Member/Patient ID Number
Patient Date of Birth	New Patient Yes ☐ No ☐	Group/Employer Name

Provider Information

Provider Name (Please Print)	Provider Panel Number	Today's Date
Provider Telephone Number	Provider Fax Number	

Services Requested

Exam Only ☐	Contact Lens Evaluation ☐	Keratoconus ☐	Progressive Myopia ☐
Exam & Eyeglasses ☐	Contact Lenses ☐	Aphakia/Post Cataract ☐	Pathological Myopia ☐
Eyeglasses Only ☐	Low Vision Evaluation ☐	Anisometropia ☐	Diabetes ☐
Repair/Replace ☐	Low Vision Aids ☐		Other _____
	Additional Exam ☐		

Diagnosis/Reason for Services

Provider Comments

Supporting Documents Attached ☐

Prescription Information

Fees (Information Required)

Rx Eyeglasses	OD OS	VA OD VA OS	Professional Fee $_____
Contact Lenses	OD OS	VA OD VA OS	Material Fee $_____ Contact Lenses ☐ Low Vision Aids ☐ Eyeglasses ☐

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

Old Rx	OD OS	**New Rx**	OD 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

CONFIDENTIALITY NOTE: The information contained in the facsimile is confidential and intended for the use of the addressee shown above. If you are neither the intended recipient nor the employer agent responsible for delivering this message, you are hereby notified that any disclosure, copying, distribution, or taking of any action in reliance on the contents of this telecopy information is strictly prohibited. If you have received this telecopy in error, please notify us by telephone to arrange for its return. **FOR TN PROVIDERS ONLY:** Tennessee state law stipulates that it is a crime to knowingly provide false, incomplete of misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.