

**PRIOR APPROVAL / MEDICALLY NECESSARY SERVICES REQUEST FORM**

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

**Questions? Call: 1-800-328-4728 x6811**

**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 <input type="checkbox"/>	Group/Employer Name
		No <input type="checkbox"/>	

**Provider Information**

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

**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"/>	Contact Lenses <input type="checkbox"/>	Aphakia/Post Cataract <input type="checkbox"/>	Pathological Myopia <input type="checkbox"/>
Eyeglasses Only <input type="checkbox"/>	Low Vision Evaluation <input type="checkbox"/>	Anisometropia <input type="checkbox"/>	Diabetes <input type="checkbox"/>
Repair/Replace <input type="checkbox"/>	Low Vision Aids <input type="checkbox"/>		Other _____
	Additional Exam <input type="checkbox"/>		

**Provider Comments**

**Supporting Documents Attached**

**Prescription Information**

**Fees (Information Required)**

<b>Rx Eyeglasses</b>	OD	VA OD	Professional Fee \$ _____
	OS	VA OS	
<b>Contact Lenses</b>	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 SIGNIFICANT CHANGES IN RX.**

<b>Old Rx</b>	OD	<b>New Rx</b>	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

**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 or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.