

## Routine and Medically Necessary Vision Services and Materials Authorization Request Form

Return to: Fax (855) 313-3106 or Secure Email to [ecs@superiorvision.com](mailto:ecs@superiorvision.com)

Please check the specific health plan requirements for services that need a prior authorization. Not all services are covered by all plans.

Form must be fully completed, signed, and dated. **Please include signed medical records with all requests (i.e., corneal topography, best corrected visual acuities).** Failure to submit the required documentation may result in denied services.

### Member Information

Member Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Member ID: \_\_\_\_\_

Member's Health Plan: \_\_\_\_\_

### Rendering Provider Information

Rendering Provider Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Individual Provider NPI: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Rendering Provider Tax ID: \_\_\_\_\_

Office Fax: \_\_\_\_\_

Office Address: \_\_\_\_\_

### Services Being Requested:

Date of Service: \_\_\_\_\_

 CPT Code: \_\_\_\_\_ OD OS OU      Diagnosis Code(s): \_\_\_\_\_

 CPT Code: \_\_\_\_\_ OD OS OU      Diagnosis Code(s): \_\_\_\_\_

 CPT Code: \_\_\_\_\_ OD OS OU      Diagnosis Code(s): \_\_\_\_\_

Additional relevant information: \_\_\_\_\_

### Health Conditions: Please select any applicable health conditions.

Diabetes   Hypertension   Cataracts   Cataract Surgery   Aphakia   Head/Neck Trauma   Kidney Disease   Pregnancy   Dementia

Other pertinent health conditions: \_\_\_\_\_

 Is this request for repair or replacement benefits?    Yes    No

If yes, please provide indication: \_\_\_\_\_

### Eyeglass Prescription Information

Previous Prescription						
OD:						20/
	Sphere	Cylinder	Axis	Add	Prism	Visual Acuities
OS:						20/
	Sphere	Cylinder	Axis	Add	Prism	Visual Acuities
New Prescription						
OD:						20/
	Sphere	Cylinder	Axis	Add	Prism	Visual Acuities
OS:						20/
	Sphere	Cylinder	Axis	Add	Prism	Visual Acuities
Provider's Signature						
Sign here:					Date:	

By checking the following box, you are certifying a decision rendered under the standard timeframe could jeopardize the patient's life, health (vision), or ability to regain maximum function and an expedited/urgent determination is required. This reason should not apply to routine services

Medical indication for urgent request: \_\_\_\_\_