

REQUEST FOR PRIOR APPROVAL/CLAIM FORM FOR EYEGLASSES

Approval for services only.
Eligibility for care must be verified.

PLEASE TYPE OR PRINT

SEE INSTRUCTIONS ON BACK OF FORM

1. Patient Name - Last		2. First		3. MI		4. Sex <input type="checkbox"/> M <input type="checkbox"/> F	
6. County of Residence		7. Prior Authorization Number		8. Date of Birth Mo Day Yr		9. Child Screening Referral <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Date of Refraction		12. Action (For Dept. Use Only) By _____ Date _____		13. Authorization Requested for: <input type="checkbox"/> Repair <input type="checkbox"/> Replacement <input type="checkbox"/> Pink Tint 1 2 <input type="checkbox"/> Single Vision <input type="checkbox"/> Bifocal <input type="checkbox"/> Tri-Focal <input type="checkbox"/> Contact Lenses		14. Last Prescription Sphere Cyl. Axis Rt. _____ Lt. _____ Rt. _____ Lt. _____ Complete if patient previously had glasses. Date of Last Change: _____	
15. Primary Diagnosis or Reason for Request				16. Secondary Diagnosis			

17.								Your Acct. No.			
Please Circle One		Glass		Plastic				Bifocals 22 25 28 35		Straight Top	
D i s t a n c e	R	Sph.	Cyl.	Axis	Prism	Base	In	Out	Color Free Round		Kryptok
	L								Executive		
N e a r	R	Add	Height	Width	Inset		Total		Trifocals		
	L				R		R		Straight Top 7/25 7/28		
		Dist.	PD	Near	Base Curve	Thick Ness	OC Height	Harden	Cataract Lenses		
									Single Vision	St. Cfr.	
									Bifocal	Aspheric	
Please Circle One		Supply Frame		Frame Enclosed		Frame To Follow		Lenses Only		Lenticular Aspheric Lenticular	
										Tint Pink 1 2	
Frame Name								A1			
Frame Color								A2		FOR LAB USE ONLY	
Eye Size		Bridge		Temple Length		Temple Type		B1			
								B2			
								DBL			
Special Instructions								SET			
								ED			
								GO31			
								ED-Axis			
								Pattern		ED-G031 Ex-Axis	

MATERIALS CLAIM FORM			
49. Date Ordered Received:	Code	Units	Cost
50. Date Order Shipped			
51. Lens	52.	53.	54.
55. Lens	56.	57.	58.
59. Pink Tint - Plastic	60.	61.	62.
63. Pink Tint - Glass	64.	65.	66.
67. Oversize Blanks	68.	69.	70.
71. Prism	72.	73.	74.
75. Frame Name	76.	77.	78.
79. Miscellaneous	80.	81.	82.
83. Miscellaneous	84.	85.	86.
87. Miscellaneous	88.	89.	90.
91. Total Billed			

DISPENSING CLAIM FORM		18. Pos.	
19. Recipient Purchased Tint <input type="checkbox"/>		21. Code	22. Units
20. Tint/Color		23. Cost	
24. Dispensing Services (Describe)		25.	26.
28.		29.	30.
32.		33.	34.
36.		37.	38.
40. Date Ordered		43. Total:	
41. Date Received		44. TPL:	
42. Date Dispensed		45. Net Billed	

92. Type, Print or Stamp all Copies Provider Number

Name _____
Street _____
City _____ (State) _____ (Zip code)

This is to certify that the foregoing information is true, accurate and complete. I understand that payment and satisfaction of this claim will be from federal and state funds and that any false claims, statements, documents or concealment of a material fact may be prosecuted under applicable federal and state law.

93. Signed _____
94. Bill Date
Mo. Day Yr.

Submission of this claim documents that materials have been verified by me, found to be accurate and dispensed to Recipient.

46. Type, Print or Stamp all Copies Provider Number

Name _____
Street _____
City _____ (State) _____ (Zip code)

This is to certify that the foregoing information is true, accurate and complete. I understand that payment and satisfaction of this claim will be from federal and state funds and that any false claims, statements, documents or concealment of a material fact may be prosecuted under applicable and state law.

47. Signed _____
48. Bill Date
Mo. Day Yr.

TYPE, PRINT, OR STAMP PROVIDER IDENTIFICATION & NUMBER IN PROVIDED SPACE ON ALL COPIES

Send original and 3 copies to the appropriate DSB District Office according to the patient's county of residence.

NC SERVICES FOR THE BLIND
ASHEVILLE DISTRICT OFFICE
50 S FRENCH BROAD AVE
ASHEVILLE NC 28801
(828) 251-6732
Fax (828) 251-6859

BUNCOMBE, CHEROKEE, CLAY, GRAHAM,
HAYWOOD, HENDERSON, JACKSON, MACON,
MADISON, MITCHELL, SWAIN, TRANSYLVANIA,
YANCEY

NC SERVICES FOR THE BLIND
CHARLOTTE DISTRICT OFFICE
5855 EXECUTIVE CENTER DR. STE 100
CHARLOTTE NC 28212
(704) 563-4168
FAX (704) 563-4114

ANSON, AVERY, BURKE, CABARRUS, CATAWBA,
CLEVELAND, GASTON, IREDELL, LINCOLN,
MCDOWELL, MECKLENBURG, MONTGOMERY, FOLK,
ROWAN, RUTHERFORD, STANLY, UNION, WATAUGA

NC SERVICES FOR THE BLIND
WINSTON SALEM DISTRICT OFFICE
4265 BROWNSBORO RD STE 100
WINSTON SALEM NC 27106
(336) 896-2227
FAX (336) 896-7048

ALAMANCE, ALEXANDER, ALLEGHANY, ASHE,
CALDWELL, CASWELL, DAVIDSON, DAVIE, FORSYTH,
GUILFORD, RANDOLPH, ROCKINGHAM, STOKES, SURRY,
WILKES, YADKIN

NC SERVICES FOR THE BLIND
RALEIGH DISTRICT OFFICE
COLE BUILDING
2601 MAIL SERVICE CENTER
RALEIGH NC 27699-2601
(919) 733-4234
FAX (919) 715-4265

DURHAM, FRANKLIN, GRANVILLE, HARNETT,
JOHNSTON, ORANGE, PERSON, VANCE, WAKE, WARREN

NC SERVICES FOR THE BLIND
FAYETTEVILLE DISTRICT OFFICE
225 GREEN STREET STE 500
FAYETTEVILLE NC 28301
(910) 486-1582
FAX (910) 486-1864

BLADEN, CHATHAM, CUMBERLAND, HOKE, LEE, MOORE,
RICHMOND, ROBESON, SAMPSON, SCOTLAND

NC SERVICES FOR THE BLIND
GREENVILLE DISTRICT OFFICE
404 ST ANDREWS DR
GREENVILLE NC 27834
(252) 355-9016
FAX (252) 355-9019

BEAUFORT, BERTIE, CAMDEN, CHOWAN, CURRITUCK,
DARE, EDGECOMBE, GATES, GREENE, HALIFAX,
HERTIFORD, HYDE, LENOIR, MARTIN, NASH,
NORTHAMPTON, PASQUOTANK, PERQUIMANS, PITT,
TYRRELL, WASHINGTON, WILSON

NC SERVICES FOR THE BLIND
WILMINGTON DISTRICT OFFICE
3240 BURNT MILL DRIVE, STE 7
WILMINGTON NC 28403
(910) 251-5743
FAX (910) 251-2660

BRUNSWICK, CARTERET, COLUMBUS, CRAVEN, DUPLIN,
JONES, NEW HANOVER, ONSLOW, PAMLICO, PENDER,
WAYNE

Retain Provider Copy for your file.

The original provider copy will be returned to you with notice of action taken. If approved, transfer prior approval number and the date of approval to your file copy of the Prior Approval/claim Form for your future reference. The DSB District Office will submit approval requests directly to the Contractor for fabrication of the eyeglasses.

When submitting requests for eyeglasses, be certain to identify the lenses completely; plastic, glasses, SV, Kryptak, bifocal, seg height, PD's, frame manufacturer and model, frame size, temple size, etc.

Materials Claim Form Section: To be completed by the Contractor and submitted directly to the DSB Central Office.

The Prior Approval/Claim Form must be signed by the Provider. A signature stamp is acceptable. When filing the claim, after dispensing the eyeglasses to the recipient, document the date the glasses were ordered from the Contractor, the date received from the Contractor and the date dispensed. The Provider will then send the billing copy to the DSB District Office as indicated above.