

Lab Order Form Instructions

Lab orders should be submitted online through providers.eyesynergy.com. Only orders that are ineligible for online submission will be accepted via fax, using the Lab Order Form on the following page. Orders that are ineligible for providers.eyesynergy.com include:

- remake orders that do not contain the same components as the original order
- frame replacements that are not on the original frame order
- orders that contain either a Miraflex or special-order frame, or lab recommendations
- high add power or opposite add power (in different eyes)
- order submitted after 35 days from date of service.

If your order cannot be entered on providers.eyesynergy.com due to the criteria outlined above, you can fax the Lab Order Form to Customer Service at (855) 640-6737. The use of this Lab Order Form is prohibited for non-plan members.

IMPORTANT: Any orders received via fax, that should be submitted on providers.eyesynergy.com, will be faxed back to your practice. Those orders will need to be resubmitted on providers.eyesynergy.com

If you need to contact one of our contracted labs, please refer to the table below to determine the appropriate lab assigned to your state:

State(s)	Contact Information	Contact Information
Illinois Indiana Kansas Maryland Michigan Mississippi Missouri New Jersey New York Nebraska Ohio Pennsylvania South Carolina Tennessee Texas Virginia Wisconsin	Classic Optical Laboratories, Inc.	3710 Belmont Avenue Youngstown, OH 44505 MARCH [®] Vision Care fax: (855) 640-6737

Lab Order Form

MEMBER INFORMATION

Member's Name and Date of Birth: _____ Today's Date: _____
 Date of Eye Exam (if known): _____
 Member's ID Number: _____

PROVIDER INFORMATION

TIN: _____ Confirmation Number: _____
 Phone Number: _____
 Provider Name: _____

Address: _____

Material to Order Check all that apply.

Frame Right Lens Left Lens Uncut Lenses

Is this a replacement? Yes No

	Sphere	Cylinder	Axis	Prism In / Out	Prism Up/ Down	Add Power	Seg Height
Right							
Left							

	Distant PD	Near PD	Requested Base Curve	Ocular Center
Right				
Left				

Materials:

- Plastic
- Glass
- Polycarbonate
- Trivex
- Lenticular/Myodisc

- Hi-Index 1.60
- Hi-Index 1.67
- Photochromic: Grey or Brown
- Edge Polish

Segment Style

- SV
- FT28
- FT35
- FT45
- PAL Standard
- PAL Standard Short
- PAL Premium
- PAL Premium Short
- Trifocal 7x28
- Round 22 or 24
- Slab Off

Coating Options:

- Solid
- Gradient
- Double Gradient
- Mirror Coating
- Scratch Coating
- UV
- Mirror Type: _____
- AR Standard
- AR Premium

Color: _____% or Density #1 #2 #3

Frame Selection: Please complete for all frame requests

- Patient Supplied Frame/Non-Formulary Frame*
- Rimless Drill 2 Hole
- Rimless Drill 4 Hole
- Miraflex

*Please ship PSF/NFF with tracking information and a copy of the order form with order number to the lab within 48 hours of submitting order to MARCH[®].

Frame Manufacturer: _____ Lens Size: _____ Bridge Size: _____

Frame Model: _____ Frame Color: _____ B Measurement _____ ED Measurement: _____

Tracking Number: _____ Temple Size _____ Edge Type _____

Other Instructions/Special Notes

I certify that the prescription information supplied above is medically indicated and necessary to the health of this patient and was personally furnished by me or my employee under my personal direction. This is to certify that the foregoing information is true, accurate and complete. I understand that payment and satisfaction of this order will be from Federal and State funds, and that any false claims, statements, or documents or concealment of a material fact may be prosecuted under applicable Federal and State laws.

Provider Signature: _____