

Contact lens order form



Vendor Information

ABB Concise
 12301 N.W. 39th Street
 Coral Springs, FL 33065
 (800) 852-8089

IMPORTANT: All contact lens order forms for UnitedHealthcare Community Plan Pennsylvania members can be submitted online through providers.eyesynergy.com. If you choose not to submit contact lens orders through providers.eyesynergy.com, you **must** fax your order to our customer service center at 855-640-6737.

Member Information

Member name: _____ Today's date: _____

Member ID #: _____ Date of eye exam: _____

Provider Information

Provider name: _____

Address: _____ Phone #: _____

Lens Type

- Single Vision
- Toric

Product

- Bausch & Lomb Soflens 38 6Pk
- Cooper Vision Vertex Toric 6Pk
- Cooper Vision Biomedics Premier 6Pk
- Cooper Vision ClearSight 1 Day Disposable 30Pk
- BioFinity 6Pk
- BioFinity Toric 6Pk

Quantity

- Right
- 1 Box
 - Other _____
- Left
- 1 Box
 - Other _____

	Power	Base Curve	Diameter	Color
Right (OD)				
Left (OS)				

	ADD-Power	Cylinder	Axis
Right (OD)			
Left (OS)			

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:
