



## **Lab Order Form Instructions**

**Submit online lab orders using providers.eyesynergy.com.** Orders ineligible for online submission will be accepted by fax. Use the following Lab Order Form. 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 pediatric special needs frame, special-order frame, or lab recommendations.
- High add power or opposite add power (in different eyes)
- · Orders 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 fax orders that should be submitted on providers.eyesynergy.com will be returned by fax to your practice. Those orders 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
Florida	Classic Optical Laboratories, Inc.
Illinois	3710 Belmont Avenue
Indiana	Youngstown, OH 44505
Kansas	
Maryland	UnitedHealthcare   March Vision Care
Michigan	Fax #: (855) 640-6737
Minnesota	
Mississippi	
Missouri	
New Jersey	
New York	
Nebraska	
Ohio	
Pennsylvania	
South Carolina	
Tennessee	
Texas	
Virginia	
Wisconsin	

## **Lab Order Form**





Member I	nformation							
Member na	mber name: Date of birth:				Today's date:			
Member ID	Member ID #: Date of eye exam (if known):							
Provider I	Information							
TIN:	TN: Confirmation #:							
Provider name:P				Phone #				
				_ 1 110110 #				
	a Ondan (abaal) alli							
	o Order (check all t							
☐ Fran	_ •	_	Uncut lenses					
ls this a	replacement?	] Yes ☐ No						
	Sphere	Cylinder	Axis	Prism In / Out	Prism Up/ Down	Add Power	Seg Height	
Right				m, out	ор, зени		no.g.n	
Left								
	Distant PD	Near PD	Requested Base Curve	Ocular Center				
Right								
Left								
Materials	s:			Segment sty	le			
☐ Plastic ☐ Hi-Index 1.60 ☐ Glass ☐ Hi-Index 1.67 ☐ Polycarbonate ☐ Photochromic: Grey or Brown ☐ Trivex ☐ Polarized Grey or Brown ☐ Lenticular/Myodisc ☐ Edge Polish		ey or Brown	] SV ] FT28 ] FT35 ] FT45	<ul> <li>□ PAL Standard</li> <li>□ PAL Standard Short</li> <li>□ PAL Premium</li> <li>□ PAL Premium Short</li> </ul> □ PAL Premium Short				
Coating	options:							
☐ Solid ☐ Gradie	☐ Gradient ☐ Double Gradient ☐ Double Gradient tint			☐ Scratch Coating ☐ UV		☐ AR Standard ☐ AR Premium		
Frame	Selection: Please co	ottom Color omplete for all frai		ensity	_%			
Form	ulary frame/ MARCH nt Supplied Frame / N	frame Kit	☐ Pedia	•	eeds Frame (0 m previous lat	Criteria require o order only)	d)	
*Plea	ase ship PSF/NFF with tra	cking information and PSF/ NFF frame no	a copy of the order for t received at the lab by	rm <u>with order nu</u> y 45 days is at  r	<u>ımber</u> to the lab v isk of being cand	within 48 hours of celled.	submitting this order.	
Frame manufacturer:					Lens size:Bridge size:		Bridge size:	
	Frame model:Frame color:							
Tracking n	ıımher*·				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.