VISION LAB ORDER FORM
IEHP DualChoice (DSNP) & IEHP COVERED (CCA)

Member First Name:	Member Last Name:	Member ID#:		Date of Birth:	Gender:

Address	City	State	Zip Code	Auth #:	Auth #:
				Auth #:	Auth #:

Order Date:	Tray #:	Date Received:

Side	SPHERE	CYLINDER	AXIS	PD		PRISM	BASE
				FAR	NEAR		
R							
L							

CHECK APPROPRIATE LENS STYLE

SINGLE VISION	BIFOCAL	TRIFOCAL	MATERIAL
☐ SINGLE VISION V2100	☐ Round 22 V2200-28 ☐ FLAT 28 V2200-28 ☐ FLAT 35 V2200-35	☐ FLAT 7X28 50% Intermed V2300	☐ CR-39

Side	ADD	SEG HEIGHT	FRAME DETAILS					
R			☐ Used Frame ☐ New Frame ☐ Frame Enclosed					
			TINT: *Must include medical justification in special instructions					
L			☐ UV V2755	☐ PNK 1 2 V2740	☐ BRN 1 2 3 V2740	☐ GRY 1 2 3 V2740	☐ V2799-SV	☐ V2799-BI

Frame Manufacturer	Frame Style	Frame Size	
		Eye Size	
		Bridge Size	
		Temple	
		Color	

Add Ons VER REQUIERED ***(Refer to *IEHP COVERED CCA evidence of coverage for coverage limits*)

☐ VIP X/L Progressives V2781 ☐ Multi-Layer-Layer Anti-Glare V2750 ☐ Polycarbonate S0580-SV/S0580-BI *Do not send case, straps, nor specialty attachments with frame(s)	☐ Scratch Resist V2760 ☐ Plastic Photochromic V2744 ☐ Other	☐ 1.60 S0581-Sv/S0581-BI ☐ 1.67 S0581-Sv/S0581-BI

PROFESSIONAL SIGNATURE:	DATE OF SERVICE:	TELEPHONE:

Ship To:	Special Instructions: Include medical justification for tint and/or special instructions for lab. ***(Refer to *IEHP COVERED CCA evidence of coverage for coverage limits*)

Claims Remittance To: IEHP Claims Department Vision P.O Box 4349 Rancho Cucamonga, Ca 91729-4349

Please note: All Medi-Cal vision lab requests must be submitted to PIA.

Pre-approved exceptions to utilize Express Lens/Unique Optical will be considered on a case-by-case basis for:

-Replacement limit reached at PIA
-Prescription is too high for PIA
-PIA has delayed order
-PIA error, order has been lost

For exceptions, please email providerservices@iehp.org