



Multi-Specialty Services CONTACT LENS INFORMATION FORM

Return to:
eQHealth Solutions
Attn: Multi-Specialty Services
5802 Benjamin Center Drive, Ste 105
Tampa, FL 33634

I. GENERAL INFORMATION		
Recipient ID#:	Last Name:	First Name:
Provider:	Date of Service:	Spectacle Prescription: OD _____ OS _____

II. REQUEST INFORMATION: Please check <u>ONE</u> appropriate response for each number item		
1. Is this a request for a	<input type="checkbox"/> New fitting	<input type="checkbox"/> Refit fitting <input type="checkbox"/> Replacement lens(es)
2. Is this contact request for	<input type="checkbox"/> One eye	<input type="checkbox"/> Two eyes (i.e. unilateral or bilateral)
3. Is this request for	<input type="checkbox"/> Spherical contact lens	<input type="checkbox"/> Toric/Prism type contact lens
4. Is the contact lens material	<input type="checkbox"/> PMMA	<input type="checkbox"/> Rigid gas permeable <input type="checkbox"/> Hydrophilic
5. Is this contact lens(es) to be used for	<input type="checkbox"/> Daily wear	<input type="checkbox"/> Extended wear
6. Is this contact lens request for	<input type="checkbox"/> Aphakia	<input type="checkbox"/> Not for aphakia
7. Is this a special fitting (i.e., Keratoconus, Corneal transplant, trauma, nystagmus, anisometropia, or other)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>IF YES: Please provide diagnostic data, bilateral Rx, signs and symptoms and any other data relevant to this case:</p> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>		

III. PRICING INFORMATION (excluding examination): Please refer to the current Visual Services Handbook and Visual Services Fee Schedule to ensure the appropriate procedure codes are being used for this request.		
<u>Procedure Code</u> <hr/> <hr/> <hr/>	<u>Quantity</u> <hr/> <hr/> <hr/>	<u>Total Fee (in dollars)</u> \$ <hr/> \$ <hr/> \$ <hr/>

This form must be completed and submitted with a completed eQHealth Multi-Specialty Services Authorization Request Form to eQHealth Solutions. A determination for payment cannot be made without the information requested on both forms.