

**FORWARDHEALTH
PRIOR AUTHORIZATION / VISION SERVICES ATTACHMENT (PA/VA)**

Providers may submit prior authorization (PA) requests with attachments to ForwardHealth by fax at (608) 221-8616 or by mail to ForwardHealth, Prior Authorization, Suite 88, 313 Blettner Boulevard, Madison, WI 53784. **Instructions:** Type or print clearly. Before completing this form, read the Prior Authorization/Vision Services Attachment (PA/VA) Completion Instructions, F-11051A.

SECTION I — MEMBER INFORMATION

1. Name — Member (Last, First, Middle Initial)

2. Age — Member

3. Member Identification Number

SECTION II — PROVIDER INFORMATION

4. Name — Referring / Prescribing Provider

5. Referring / Prescribing Provider National Provider Identifier

6. Telephone Number — Referring / Prescribing Provider

SECTION III — DOCUMENTATION

7. Lenses and Frames (Lens formula information is required for all requests for frames and lenses.)

Lens formula (L) _____ Add _____

(R) _____

Replacement only

Frame name _____

Frame manufacturer _____

Replacement only

Complete appliance (lenses and frames)

8. Special Lens / Frame Request

Oversize

Patient-supplied frame

Noncontract frame (not supplied by member)

Add over +4.00

Contract lab-supplied frame

Justification for noncontract frame (principal justification may not be cosmetic; principal justification must be medically / visually necessary) _____

Other (provide pertinent history / findings and justification along with specifics of request) _____

If request is for a noncontract item, estimate wholesale cost _____

Continued



SECTION III — DOCUMENTATION (Continued)

9. Tints (All requests for tints must include specific documentation of visual or medical necessity from the prescribing provider. A diagnosis of photophobia, without substantiation, is insufficient justification.)

Rose 1 Rose 2 Photochromic

Other tint (explain) _____

Justification for tint (see above) _____

10. Other Vision Services Requested (Include a description of services requested, pertinent history / findings, and justification.)

11. **SIGNATURE** — Requesting / Rendering Provider

12. Date Signed
