

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

INSTRUCTIONS: Type or print clearly. Before completing this form, read the Prior Authorization/Vision Services Attachment (PA/VA) Instructions, F-11051A.

Providers may submit prior authorization 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.

SECTION I – MEMBER INFORMATION

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

2. Member ID Number

3. Date of Birth – Member

SECTION II – PROVIDER INFORMATION

4. Name – Referring / Prescribing Provider

5. National Provider Identifier

6. Phone Number – Referring / Prescribing Provider

7. Name – Contact Person

8. Phone Number – Contact Person

SECTION III – DOCUMENTATION

9. Lenses and Frames (Complete frame information and lens formula is required for all requests for frames and lenses.)

Lens Replacement Only Frame Replacement Only Complete Appliance (Lenses and Frames)

Lens Formula (Written in Minus Cylinder)

Rx	SPH	CYL	AXIS	PRISM	ADD	LENS MATERIAL
O.D.						
O.S.						

Frame Name

Frame Manufacturer

10. Noncontract Items (Requires Submission of a Manufacturer's Price List or Lab Invoice)

Noncontract Frame (Not Supplied by Member)

Justification for noncontract frame (The principal justification may not be cosmetic and must be medically/visually necessary.)



Noncontract Lenses

Provide pertinent history/findings and justification, along with the specifics of the request. If the request is for contact lenses, provide the number of lenses for each eye and the length of time for the supply.

11. Type of Tint (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.)

Justification for Tint

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

SECTION IV – AUTHORIZED SIGNATURE

13. **SIGNATURE** – Requesting / Rendering Provider

14. Date Signed
