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 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 our contracted lab, please refer to the table below.

State(s)	Contact information
Florida Idaho Illinois Indiana Kansas Kentucky Louisiana (Provider choice) Maryland Michigan Mississippi Missouri New Jersey New Mexico New York Nebraska Ohio Pennsylvania South Carolina Tennessee Texas Virginia Wisconsin	Classic Optical Laboratories, Inc. 3710 Belmont Avenue Youngstown, OH 44505 UnitedHealthcare | March Vision Care Fax #: (855) 640-6737

Lab Order Form

United Healthcare | MARCH Vision Care

Member Information

Member name: _____ Date of birth: _____ Today's date: _____

Member ID #: _____ Date of eye exam (if known): _____

Provider Information

TIN: _____ Confirmation #: _____

Provider name: _____ Phone #: _____

Address: _____

Material to Order (check all that apply)

☐ Frame ☐ Right lens ☐ Left lens ☐ Uncut lenses ☐ Edged lenses only (we will send you lenses from an archived pattern of the original glasses made by UnitedHealthcare | March Vision Care within the last two years). **Original order#** _____

Is this a replacement? ☐ **Yes** ☐ **No**

	Sphere	Cylinder	Axis	Prism In/ Out	Prism Up/ Down	Add Power	Seg Height
Right							
Left							

	Distant PD	Near PD	Requested Base Curve	Ocular Center
Right				
Left				

Materials:

☐ Plastic
☐ Glass
☐ Polycarbonate
☐ Trivex
☐ Hi-Index 1.60
☐ Hi-Index 1.67
☐ Photochromic: Grey or Brown
☐ Polarized: Grey or Brown

Segment style

☐ SV
☐ FT28
☐ FT35
☐ FT45
☐ PAL Standard
☐ PAL Standard Short
☐ PAL Premium
☐ PAL Premium Short
☐ Trifocal 7x28
☐ Round 22 or 24
☐ Slab Off
☐ Lenticular
☐ Myodisc

Lens treatments:

Tinted Lenses
☐ Solid
☐ Gradient Double
☐ Gradient

Solid, Gradient or Double Gradient tint
Top Color _____ Density _____%

Double Gradient tint
Bottom Color _____ Density _____%

☐ Scratch Resistance Coating
☐ Ultraviolet coating
☐ Edge polish
☐ AR Standard
☐ AR Premium
☐ AR Ultra

Frame Selection: Please complete

☐ Formulary frame/ MARCH supplied frame Patient ☐ Pediatric Special Needs Frame (Criteria required)
☐ Supplied Frame / Non-Formulary Frame*

***Please ship PSF/NFF with tracking information and a copy of the order form to the lab within 48 hours of submitting this order.**
PSF/ NFF frame not received at the lab by 45 days is at risk of being canceled.

Frame manufacturer _____ Lens size _____ Bridge size _____

Frame model _____ Frame color _____ B measurement* _____ ED measurement* _____

Tracking number* _____ Edge type* _____

Attestation

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.

Provider signature _____