



Department of Vermont Health Access

312 Hurricane Lane, Suite 201

Williston, VT 05495

Fax (or mail) request to DVHA: (802) 879-5963

**Prior Authorization Form
Vermont Medicaid Eyeglass Program**

Beneficiary Unique Vermont Number								Date of Birth (MM/DD/YYYY)				Gender M / F		V	Frame (RA)
														V	Lens (RT) (RA)
Patient Name (Last, First, MI)														V	Lens (LT) (RA)
Old Rx – Date ___/___/___								New Rx – Date ___/___/___						V	Frame (non-replacement)
	Sphere	Cyl	Axis		Sphere	Cyl	Axis		Sphere	Cyl	Axis		V	Lens (RT)	
OD				OD				OD					V	Lens (LT)	
OS				OS				OS					V		
ADD				ADD				ADD					V		
Provider Name (Last, First, MI)														Please note: Any replacement (frame and/or lens) requires an RA modifier.	
Provider NPI Number								Vermont Provider Number						Classic Optical Provider Number - 1020469	
Classic Optical Account Number								Provider Office Name							
Provider Address										Telephone Number					
City				State				Zip							
Ordering Provider Signature										Date (MM/DD/YYYY)					

- Medically Necessary
- Replacement for scratched lenses – visual acuity compromised
- Replacement for change in Rx (at least 0.50 D)
- Replacement within 24 months, not lost or broken
- Outgrown frame
- Other _____

Please provide the clinical information to support medical necessity. (Include additional pages if necessary.)

**You cannot order items that require prior authorization from Classic Optical online.
Please fax your order AND your approved Notice of Decision from DVHA to Classic Optical at (888) 522-2022.
Thank you.**