

Eyeglass Order Form

Meridian Health Plan of Illinois	CLASSIC Optical Laboratories, Inc	3710 Belmont Ave / PO Box 1341 (44501) Youngstown, OH 44505 (330) 759-8245 (888) 522-2020 Fax (888) 522-2022						
Please Print or Type	Classic Account #	Provider Phone #						
Provider Number / NPI#		Provider Name						
Dispensing Provider Address								
Dispensing Provider City		State	Zip					
P A R T I C I P A N T	Member Identification Number			PRIOR AUTHORIZATION				
	Name – Last		First		Initial			
	Street		City		State		Zip	
	Gender	Date of Birth			Date of Order			
		MM	DD	YYYY	MM	DD	YYYY	
* Poly	Plastic	SV	Ft 25	Ft 28	Ft 35			
Glass		Tri 7x25	Tri 7x28	Tri 7x35	RD			
R	Sphere		Cylinder	Axis	Dec	Prism	Prism Direction	Lens Base
L	Sphere		Cylinder	Axis	Dec	Prism	Prism Direction	Lens Base
A D D I T I O N	Seg Hgt		Inset	Total	Rt. PD Far	Rt. PD Near		
						Lt. PD Far	Lt. PD Near	
Plan Frame Name				Color	Eye	Bridge	Temple	
Prior Authorization Number Required or provider may order and be billed for add ons applied to or inherent in the lens								
UV	Polarized	Hi Index Specify	Aspheric	PGX	AR Coating		Photochromic	
					STD <input type="checkbox"/>	Premium <input type="checkbox"/>	Grey <input type="checkbox"/>	Brown <input type="checkbox"/>
Special Instructions							Tint / Color	
							Solid <input type="checkbox"/>	
							Gradient <input type="checkbox"/> %	

* Polycarbonate lenses are available for children 20 and under and adults with an Rx of +/- 2.5 or greater with prior authorization.