



Molina Healthcare of NM TPA
PO Box 3909
Albuquerque, NM 87190

EYE SERVICES
PRIOR APPROVAL REQUEST
◇ CONTACT LENSES ◇

Patient Name	ID Number	Sex M F	Birth Date
Patient Address – No. & Street/PO Box/R. Rt			
City	State	Zip Code	

Provider

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Ordering Physician's Name, Address, Zip Code

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USE SNELLEN NOTATION

PRIOR Rx Date		VA with Old Rx	VA No Rx	NEW Rx Date		Corrected VA
Distance	R			Distance	R	
	L				L	
Near Or add	R			Near Or Add	R	
	L				L	

COMMENTS/JUSTIFICATIONS

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Pair of Contact Lenses			Diagnosis of keratoconus of ± 3.00 of anisometropia or a correction of ± 6.00 diopters		
Single Contact Lenses			Monocular aphakia		
DATE of EXAM			TYPED or PRINTED Provider Name	Signature of Provider	
MO.	Dy.	Yr.			

RECOMMENDATIONS

Date	Reviewer