

Vision Care Material Order Form



THE COMMONWEALTH OF MASSACHUSETTS
Executive Office of Health and Human Services

Mail this form to:

MassCor/Massachusetts Correctional Industries
P.O. Box 466
Gardner, MA 01440

Homeless Person

Inquiry Telephone: 1-888-482-7331 **Orders Fax:** 1-888-698-2020 and 1-888-420-2047

Provider No.: _____ Group Practice No.: _____

Provider Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____

Member's Name: _____ Date of Birth: _____
Last First MI

Member's MassHealth ID No.: _____ Gender: M F

Prior Authorization No.: _____ Date Sent: _____

Frame Name: _____ No.: _____ Frame Color: _____ No.: _____ Alternate Color: _____ No.: _____

Eye Size: _____ Bridge Size: _____ Temple Length: _____

LENS TYPE – Please check Plastic Poly-C Other (Non-contract material)

single vision

bifocal

lenticular aspheric

rd seg

sv

flat top 28 ()

rd seg

Color	
pink 1 <input type="checkbox"/>	C1 <input type="checkbox"/>
pink 2 <input type="checkbox"/>	C2 <input type="checkbox"/>
Other <input type="checkbox"/>	C3 <input type="checkbox"/>
(See regulations at 130 CMR 402.000, accessible at www.mass.gov/masshealth .)	

COMPLETE IN MINUS CYLINDER

DIST RX	R	L	SPH	CYL	AXIS	PRISMS	BASE	DECENTER	
								IN	OUT
Add for near	R	L	Segment Height	Inset	Total Inset	PD	R	R	Far
	L	L					L	Near	

Diagnosis Code	
<input type="checkbox"/> 367.0 – Hypermetropia	
<input type="checkbox"/> 367.1 – Myopia	
<input type="checkbox"/> 367.20 – Astigmatism	
<input type="checkbox"/> 367.4 – Presbyopia	

Date Shipped: _____ Date Received: _____

Special Instructions: _____

I certify that the information on this form, and any attached statement that I have provided, has been reviewed and signed by me, and is true, accurate, and complete, to the best of my knowledge. I understand that I may be subject to civil penalties or criminal prosecution for any falsification, omission, or concealment of any material fact contained herein.

Signature: _____ Date: _____

Send original to MassCor. Keep a copy for your records.