



Request for Optical Services

(to be completed by Health Professional)

The information on this form is collected under the authority of the *Health Information Act* (sections 20, 21, 22), the *Freedom of Information and Protection of Privacy Act* (sections 33 and 34), the *Assured Income for the Severely Handicapped Act* (section 5), and the *Income and Employment Supports Act* (section 8) for the purpose of determining or verifying eligibility to receive a health benefit. If you have any questions regarding the collection or use of this information, please contact an Information Officer at Alberta Health, PO Box 1360 Station Main, Edmonton, AB, T5J 2N3 or toll-free in Alberta by dialing 310-0000 followed by 780-427-1432.

Optical Services Provider Information

Name	Address	Telephone Number
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Specialty Ophthalmology Optometry Optician

Patient Name

Optical Services Requested	<input type="checkbox"/> Single Vision <input type="checkbox"/> Bifocal <input type="checkbox"/> Trifocal <input type="checkbox"/> High Index
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Did Alberta Blue Cross deny authorization for this request? What was the reason for denial?

Why is this optical service necessary? Please include clinical indications if any:

Total Cost for requested Optical Benefit if over Optical Agreement rates

_____ Date (yyyy-mm-dd)

_____ Optical Services Provider Signature

Thank you for completing this form. The information you provide will assist the AISH Health Benefits Exception Process or the Health Benefits Exception Committee in making its decision.