BIGSTONE HEALTH BENEFITS
16310-100 AVENUE EDMONTON, AB T5P 4X5
PHONE: 1-866-891-9719 EXT 4001 | DIRECT LINE: (780) 341-2780 | FAX: (780) 444-6521

VISION CARE PRIOR APPROVAL FAX FORM

REQUEST WILL NOT BE PROCESSED UNLESS COMPLETELY FILLED OUT

PROVIDER

Provider Name & Address	Provider No.
	Telephone No.
	Fax No.

CLIENT

Registered Status Name	Address	Date of Birth (Month, Day, Year)
Client Registry No:	Client Phone No.	

PRESCRIPTION	Sphere	Cylinder	Axis	Prism	Base	Add
Right						
Left						
High Index Lenses Yes No			**Bifocal Yes No**			

BENEFITS REQUESTED

Description	**Cost**	**Description**	**Cost**	**Description**	**Cost**
Exam		Frame Bundle		Major Repair	
Diabetic Exam		Contact Lenses		Minor Repair	

Prescribing Doctor Name and Date of Exam: Please print clearly	Total Cost
I certify that this provider has been requested to supply me with the above vision products ____________________________________ Patient Signature	Frame Information (Manufacturer/Supplies/Size)

REQUEST WILL NOT BE PROCESSED UNLESS COMPLETELY FILLED OUT

FAX COMPLETED FORM TO (780) 444-6521

June 2020