Vision Eligibility Request Form

MDwise
A McLaren Company

Submit form to: visioneligibility@mdwise.org

Provider Name:		Date:	
Office Contact:		Tax ID:	
Phone:		NPI:	
Fax:			

Eligible For*:

Appointment Date	Member Name	Member ID	DOB	Exam	Frames	Lenses	Comments

Please call Customer Service at 800-356-1204 with questions.

MDwise Staff Initials: _____ Date: _____

** MDwise will complete this section of form and fax back to the provider office.*

Please allow up to 48 business hours for a return response.