

**MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
 PREAUTHORIZATION REQUEST FORM  
 VISION CARE SERVICES**

**SECTION I - Patient Information**

Medical Number 

--	--	--	--	--	--	--	--	--	--	--	--

  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_  
 DOB \_\_\_\_\_ Sex \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_

**SECTION II - Preauthorization General Information**

Pay to Provider 

--	--	--	--	--	--	--	--	--	--	--

 Number \_\_\_\_\_  
 Name \_\_\_\_\_ Date Service \_\_\_\_\_  
 Address \_\_\_\_\_ Requested by \_\_\_\_\_  
 Contact \_\_\_\_\_ Provider \_\_\_\_\_  
 Provider's Signature \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

**SECTION III - Additional Preauthorization Information**

Give Reason(s) for Requested Service \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION IV - Preauthorization Line Item Information**

DESCRIPTION OF SERVICE	PROCEDURE CODE	REQUESTED		AUTHORIZED	
		UNITS	AMOUNT	UNITS	AMOUNT
_____	_____	_____	\$ _____	_____	\$ _____
_____	_____	_____	\$ _____	_____	\$ _____
_____	_____	_____	\$ _____	_____	\$ _____
_____	_____	_____	\$ _____	_____	\$ _____
_____	_____	_____	\$ _____	_____	\$ _____

PREAUTHORIZATION NUMBER 

--	--	--	--	--	--	--	--	--	--	--

DOCUMENT CONTROL NUMBER  
(STAMP HERE)

SUBMIT TO: Program Systems and Operations Administration  
 Division of Claims Processing  
 P.O. Box 17058  
 Baltimore, Maryland 21203

---

---

**SECTION V – Specific Preauthorization Information**

---

---

New Prescription: O.D. \_\_\_\_\_ Best Visual Activity \_\_\_\_\_

\_\_\_\_\_ O.D. \_\_\_\_\_ Best Visual Activity \_\_\_\_\_

**CONTACT LENS REQUESTS:**

Health Condition of each eye: O.D. \_\_\_\_\_ O.S. \_\_\_\_\_

Date of Surgery: O.D. \_\_\_\_\_ O.S. \_\_\_\_\_

Best visual acuity with contact lenses: O.D. \_\_\_\_\_ O.S. \_\_\_\_\_

Advantage of contact lenses over glasses: \_\_\_\_\_

---

---

---

**SECTION VI (DHMH Only)**

---

---

\_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ Returned

Reason(s) \_\_\_\_\_

Medical Consultant's Signature \_\_\_\_\_ Date \_\_\_\_\_

---