

1. PROVIDER INFORMATION			
Provider name	Address	Phone number	Fax number

2. PATIENT INFORMATION			
Last name	First name	NWT Health care plan number	Date of birth (YYYY/MM/DD)
Mailing address		City / Town	Postal code

3. PRESCRIPTION INFORMATION							
Benefit code		Benefit description				Total	
	Eye size	Sphere	Cylinder	Axis	ADD	P.D.	Eye size
Right							
Left							
Frame name		Frame type		Frame colour		Bridge	
Bifocal type		Bifocal width		Bifocal height		Temple	
Provider comments							
Patient signature		Date (YYYY/MM/DD)		Staff signature		Date (YY/MM/DD)	

Privacy statement

The information on this form is being collected and used according to the federal privacy legislation for the purpose of determining or verifying eligibility for coverage for the items listed in section three of this form. The personal information provided herein will be kept confidential and secure. If you have any questions regarding the collection or use of this information, please contact an Alberta Blue Cross Privacy Matters representative toll free at 1-855-498-7302 or write to Privacy Matters, Alberta Blue Cross, 10009-108 Street, Edmonton, Alberta, T5J 3C5.

FOR ALBERTA BLUE CROSS USE ONLY			
Application <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Approval number	Authorized by	Date (YYYY/MM/DD)
Alberta Blue Cross comments:			

CONTACT INFORMATION	
Alberta Blue Cross, Health Services Provider Relations 10009 – 108 St Edmonton, AB T5J 3C5 Edmonton and area: 780-498-8083 Toll free: 1-800-588-1195	E-mail: opticalinq@ab.bluecross.ca Fax: 780-498-3546 Fax toll free: 1-855-498-3546

Please retain the original copy of this form. Alberta Blue Cross reserves the right to request the original copy for audit purposes.