

EMPLOYER BILL TO 52236 | CITY OF TWO HARBORS
 522 1ST AVE., TWO HARBORS, MN 55616-1504 | Rachel Williams (218) 834-8805

DISPENSING SERVICE DATE
 Check Order Status: (800) 945-3937 | Program Support: (844) 401-7702

DISPENSING PARTNER
 Walman ECP Acct#, Name, Address, Phone

Account# _____

EMPLOYEE

LAST NAME, FIRST NAME _____

PHONE _____

PROGRAM INSTRUCTIONS

Program: Wholesale **Revised Date:** 10/30/2024

All ANSI approved safety frame and lens options are allowed. Walman Optical bills the employer up to \$300 toward the complete cost of prescription safety eyewear including the dispensing fee and handling charge. Any amount over \$300 of the total cost is billed to the eyecare provider to collect from the patient. Enter all item costs to the right and subtract \$200 covered by the employer, to determine any employee out of pocket cost. Walman Optical pays a \$20 dispensing fee to the eyecare provider per order. ENTER YOUR OFFICE INFORMATION AND COMPLETE THE ORDER FORM SECTION with the prescription and order detail. Be sure to include: PD measurements, segment size for bifocals and trifocals, seg height for all multifocal orders, and frame manufacturer, name, color and size. Determine any employee portion cost. Fax this completed form to the lab for fabrication. The complete safety eyewear is mailed to the eyecare provider for Rx verification and a proper fitting. A current eyeglass prescription is required (not expired, dated within 2 years). Eye exam costs are not part of this safety eyewear program. Eye exam cost is the employee's responsibility, payable to the eyecare provider.

SPHERE	CYLINDER	AXIS	PRISM	DISTANCE PD	NEAR PD
R					
L					

OC HEIGHT	ADD	SEG HEIGHT	PRESCRIPTION NOTE OR INSTRUCTION:
R			
L			

LENS STYLE		LENS MATERIAL
<input type="checkbox"/> Single Vision	<input type="checkbox"/> Digital Bifocal	<input type="checkbox"/> Trivex
<input type="checkbox"/> Digital Single Vision _____ specify: design and enter OC ht	<input type="checkbox"/> Perceive HD PAL _____ specify: reg/wrap/office	<input type="checkbox"/> Polycarbonate
<input type="checkbox"/> Lined Multifocal _____ specify: seg size	<input type="checkbox"/> Upgrade PAL _____ specify: design	
	<input type="checkbox"/> Double Seg _____ specify: seg size	

LENS ENHANCEMENTS		
<input type="checkbox"/> Non-Glare Sentinel+UV	<input type="checkbox"/> Transitions _____	<input type="checkbox"/> Outdoor Tint _____ specify: 3 or darker and color
<input type="checkbox"/> Hardcoat	<input type="checkbox"/> Indoor Tint _____ specify: 1/2, 1, 2 and color	<input type="checkbox"/> BluTech Outdoor
<input type="checkbox"/> Anti-Fog Fogless	<input type="checkbox"/> BluTech Indoor _____ specify: poly or 1.56 index	<input type="checkbox"/> Polarized _____ specify: seg size

Z87-2+ FRAME OR MASK INSERT		SIDESHIELDS
<input type="checkbox"/> Supply	<input type="checkbox"/> Enclosed	<input type="checkbox"/> Detachable
<input type="checkbox"/> To Come	<input type="checkbox"/> Lenses Only _____ c size	<input type="checkbox"/> Additional Pair
		<input type="checkbox"/> Permanent

MANUFACTURER _____ FRAME NAME _____ COLOR _____ SIZE _____
Basic \$0 Group 1 \$18 Group 2 \$33 Group 3 \$43 Group 4 \$53 Group 5 \$63 Group 6 \$73 Group 7 \$83 Group 8 \$103

MISCELLANEOUS
 Protection Plus
 If purchased, lenses will be remade one time for any reason within 1 year of original invoice date. Coated lenses only.

EMPLOYEE OUT-OF-POCKET

LENS STYLE \$ _____

LENS MATERIAL \$ _____

LENS ENHANCEMENTS

Coating \$ _____

Color \$ _____

FRAME

Frame \$ _____

Sideshields \$3 if Group 1-8 \$ _____

MISCELLANEOUS

Dispensing Fee \$ 20.00

Handling Charge \$ 4.00

Protection Plus \$ _____

SUBTOTAL \$ _____

EMPLOYER COVERAGE - \$ 300.00

EMPLOYEE TOTAL \$ _____

LENS STYLE	ITEM COST	LENS ENHANCEMENT	ITEM COST
Single Vision	\$40	Non-Glare Sentinel+UV	\$65
Digital Single Vision	\$60	Hardcoat	\$28
Lined Multifocal	\$65	Anti-Fog Fogless	\$38
Digital Bifocal	\$80	Transitions	\$78
Perceive HD Progressive	\$150	Indoor Tint #1 or lighter	\$0
Upgraded Progressive	\$230	Indoor Tint #2	\$0
Double Segment	\$110	BluTech Indoor	\$48
LENS MATERIAL		Outdoor Tint/Brazing #3 or darker	\$13
Trivex	\$38	Polarized	\$62
Polycarbonate	\$0	BluTech Outdoor	\$78
Z87-2+ FRAME		MISCELLANEOUS	
Frame Basic	\$0	Dispensing Fee	20.00
Frame Group 1-8	\$18 to \$103	Protection Plus	\$28
Sideshields Detachable	\$0 or \$3		
Sideshields Permanent	\$0 or \$3		

Key: "N" = Not Allowed

DISPENSING PARTNER RESOURCES:
www.walmanoptical.com

