

EMPLOYER BILL TO 8436 | UMD FACILITIES MGMT

ACCTS PAYABLE PO #1002195, 223 W COLLEGE ST, DULUTH, MN 55812-3080 | Dawna Carlberg (218) 726-7979

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: 01/01/2022

Walman Optical bills the employer for the cost of single vision, bifocal, or trifocal lenses, a safety frame through GROUP 2, sideshields, the dispensing fee, and the handling charge. All ANSI approved frame and lens options are allowed.

Difference in cost for progressive lenses over the lined multifocal package price, frame cost over \$33, and cost for allowed lens options not covered by the employer are the employee's responsibility payable to the eyecare provider. Walman Optical bills the eyecare provider for these costs to be collected from the patient.

Walman Optical reimburses the eyecare provider the \$20 dispensing fee paid by the employer. Enter your office information, enter the prescription and order detail, and determine any employee portion. 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 Single Vision _____ specify: design and enter OC ht <input type="checkbox"/> Lined Multifocal _____ specify: seg size			<input type="checkbox"/> Digital Bifocal <input type="checkbox"/> Unity Via _____ specify: reg/wrap/office <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"/> Hardcoat <input type="checkbox"/> Anti-Fog Fogless <input type="checkbox"/> Transitions _____ <input type="checkbox"/> Indoor Tint _____ specify: 1/2, 1, 2 and color <input type="checkbox"/> BluTech Indoor _____ specify: poly or 1.56 index <input type="checkbox"/> Outdoor Tint _____ specify: 3 or darker and color <input type="checkbox"/> BluTech Outdoor <input type="checkbox"/> Polarized _____ specify: seg size					
Z87-2+ FRAME OR MASK INSERT			SIDESHIELDS		
<input type="checkbox"/> Supply <input type="checkbox"/> To Come <input type="checkbox"/> Enclosed <input type="checkbox"/> Lenses Only _____ c size			<input type="checkbox"/> Detachable <input type="checkbox"/> Permanent <input type="checkbox"/> Additional Pair		
MANUFACTURER		FRAME NAME		COLOR	
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					
<input type="checkbox"/> 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

Calculate the amount not covered by the employer.

LENS STYLE \$ _____

LENS MATERIAL \$ _____

LENS ENHANCEMENTS

Coating \$ _____

Color \$ _____

FRAME

Frame \$ _____

MISCELLANEOUS

Protection Plus \$ _____

EMPLOYEE TOTAL \$ _____

LENS STYLE	EMPLOYER COVERAGE	EMPLOYEE OUT-OF-POCKET	LENS ENHANCEMENT	EMPLOYER COVERAGE	EMPLOYEE OUT-OF-POCKET
Single Vision	-Y-		Non-Glare Sentinel+UV		\$65
Digital Single Vision	\$40	\$20	Hardcoat		\$28
Lined Multifocal	-Y-		Anti-Fog Fogless		\$38
Digital Bifocal	\$65		Transitions		\$78
Perceive HD Progressive	\$65	\$85	Indoor Tint #1 or lighter	-Y-	
Upgraded Progressive	\$65	\$165	Indoor Tint #2	-Y-	
Double Segment	\$65	\$45	BluTech Indoor		\$48
LENS MATERIAL			Outdoor Tint/Brazing #3 or darker		\$13
Trivex		\$38	Polarized		\$62
Polycarbonate	-Y-		BluTech Outdoor		\$78
Z87-2+ FRAME			MISCELLANEOUS		
Frame Basic	-Y-		Dispensing Fee	20.00	
Frame Group 1-8	Up to \$33	Cost over \$33	Protection Plus		\$28
Sideshields Detachable	-Y-				
Sideshields Permanent	-Y-				

Key: "Y" = Allowed "N" = Not Allowed

DISPENSING PARTNER RESOURCES:

www.walmanoptical.com

