(program instructions)

Walman Optical bills the employer for the cost of single vision, bifocal, or trifocal lenses, a safety frame through GROUP 2, side shields, 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 | | | |
lenses only

color

**LENS STYLE**

Single Vision
Digital Single Vision
Lined Multifocal

**LENS MATERIAL**

Trivex
Polycarbonate

**LENS ENHANCEMENTS**

Non-Glare Sentinel+UV
Hardcoat
Anti-Fog Fogless

**SIDESHIELDS**

Detachable
Permanent

**MANUFACTURER** | **FRAME NAME** | **COLOR** | **SIZE**
---|---|---|---
Basic | Group 1 | Group 2 | Group 3 | Group 4 | Group 5 | Group 6 | Group 7 | Group 8

**Z87-2+ FRAME OR MASK INSERT**

Supply
To Come

**EMPLOYEE TOTAL**

**MISCELLANEOUS**

Protection Plus

**LENS OUT-OF-POCKET**

Calculate the amount not covered by the employer.

**LENS STYLE**

Single Vision
Digital Single Vision
Lined Multifocal
Digital Bifocal
Lined Multifocal
Upgraded Progressive
Upgrade PAL
Double Segment

**LENS MATERIAL**

Trivex
Polycarbonate

**LENS ENHANCEMENTS**

Non-Glare Sentinel+UV
Hardcoat
Anti-Fog Fogless
Upgradep Progressive

**PROGRAM INSTRUCTIONS**

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**GROUP 2, SIDE SHIELDS, 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.

**LENS OUT-OF-POCKET**

Calculate the amount not covered by the employer.

**LENS STYLE**

Single Vision
Digital Single Vision
Lined Multifocal
Digital Bifocal
Lined Multifocal
Upgraded Progressive
Upgrade PAL
Double Segment

**LENS MATERIAL**

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