WALMAN OPTICAL SAFETY EYEWEAR AUTHORIZATION FORM

EMPLOYER BILLTO 8436 | UMD FACILITIES MGMT
ACCTS PAYABLE PO # 1002195, 223 W COLLEGE ST, DULUTH, MN 55812-3060 | Dawn Carlbeg (218) 726-7979

DISPENSING PARTNER
Walman ECP Acct# Name, Address, Phone
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PROGRAM INSTRUCTIONS
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.

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
L

**LENS STYLE**     **LENS MATERIAL**
__ Single Vision
__ Digital Single Vision specify: design and enter OC ht
__ Lined Multifocal specify: seg size
__ Digital Bifocal
__ Unity Via specify: reg/ wrap/ office
__ Upgrade PAL specify: design
__ Double Seg specify: seg size
__ Trivex
__ Polycarbonate

**LENS ENHANCEMENTS**
__ Non-Glare Sentinel+UV
__ Hardcoat
__ Anti-Fog Fogless
__ Transitions
__ Indoor Tint specify: 1/2, 1, 2 and color
__ BluTech Indoor specify: poly or 1.56 index
__ Outdoor Tint specify: 3 or darker and color
__ BluTech Outdoor specify: seg size
__ Polarized

**SIDE SHIELDS**
__ Detachable
__ Additional Pair
__ 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.

**LENS STYLE**     **LENS MATERIAL**
Single Vision $65
Digital Single Vision $65
Lined Multifocal $65
Digital Bifocal $65
Perceive HD Progressive $65
Upgraded Progressive $65
Double Segment $65
__ Trivex $38
__ Polycarbonate $38
__ BluTech Indoor $45
__ BluTech Outdoor $62
__ Lined Multifocal $165
__ Indoor Tint #1 or lighter -Y-
__ Outdoor Tint/Brazing #3 or darker $48
__ Indoor Tint #2 -Y-
__ BluTech Indoor $13
__ Polarized $13
__ Outdoor Tint $78

**Z87-2+ FRAME**
Frame Basic $20.00
Frame Group 1-8 Cost over $33 Protection Plus $28

**DISPENSING PARTNER RESOURCES:**
www.walmanoptical.com