



University of Missouri-St. Louis School of Optometry Patient Funding Request Form

Please fax this form to Dr. B. W. Brown at 314-516-6708 and call her at 314-516-6030 to let her know that the fax is being sent. Requests for funding beyond SSD or YouthBuild or for other materials/examinations/tests must be given by return fax before ordering additional eye glasses, materials or tests. A copy of the approval will be returned to the originating Eye Care Center and to the Fiscal Officer (Glenda Jackson). Diagnoses Codes must be indicated after the completion of the examination for final funding to be approved for transfer. The entire patient portion must be completed.

Patient or Parent/Guardian Completes This Section					
Patient's Name				Patient's SSN	
Patient's Address					
Parent/Guardian if different				Signature	
Parent/Guardian/Patient Day Time Phone				Patient Home Phone Number	
Today's Date			Patient DOB		
Comment					
Insurance Company None		Insured's Name			
ID Number (SSN)		Insured's Address			
Staff Only Below Here					
Referring Agency	Staff Init	Location: University OCenter ESL Harvester			
		Staff Verified Coverage for:			
		Exam Only	Glasses Only	No Vision/Glasses	
Student & Attending or Resident					
For what purpose (and amt) is funding sought?	Exam?	Eyeglasses?	Type? (Circle)	Special	
			SV / BF / PAL / Poly		
All ICD-9 Codes: 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____					
Write out Diagnoses: 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____					
Student		Attending/Resident Signature			
Do Not Write Below Approved amounts and account numbers					
O Center funds	IEC funds	ESLC funds	MR funds	PVF funds	Other
apprvl date	logged	Fiscal Officer/CEC	Approved		