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