

EMPLOYER BILL TO 12796 | MN STATE UNIV/MOORHEAD

ATTN BUSINESS SERVICES, 1104 7TH AVE S, MOORHEAD, MN 56563-0001 | Thomas French (218) 477-2998

DISPENSING SERVICE DATE

Check Order Status: (800) 678-9755 | Program Support: (844) 401-7702

DISPENSING PARTNER

Walman ECP Acct#, Name, Address, Phone

PROGRAM INSTRUCTIONS

Program: Wholesale Revised Date: 11/16/2023

COST CENTER IS REQUIRED

All ANSI approved safety frame and lens options are allowed unless marked with "N" for not allowed. Sideshields are required; either detachable or permanently attached. Walman Optical bills employer for single vision, bifocal and trifocal lenses, \$65.00 toward progressive lenses, a "Basic" safety frame, the dispensing fee and handling charge.

Costs not covered by the employer are listed as out-of-pocket at the bottom of this form. Walman Optical bills the eyecare provider for these costs to be collected from the patient.

Walman Optical pays a \$25 dispensing fee to the eyecare provider per order. ENTER YOUR OFFICE INFORMATION AND COMPLETE THE ORDER FORM SECTION with the prescription and order detail. Be sure to include: PD measurements, segment size for bifocals and trifocals, seg height for all multifocal orders, and frame manufacturer, name, color and size. Determine any employee portion cost. 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.

EMPLOYEE

LAST NAME, FIRST NAME

COST CENTER / DEPARTMENT / LOCATION

PHONE

SPHERE	CYLINDER	AXIS	PRISM	DISTANCE PD	NEAR PD
R					
L					
OC HEIGHT	ADD	SEG HEIGHT	PRESCRIPTION NOTE OR INSTRUCTION:		
R					
L					

LENS STYLE

___ 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

LENS MATERIAL

___ Trivex

___ Polycarbonate

LENS ENHANCEMENTS

___ Non-Glare Sentinel+UV

___ Hardcoat

___ Anti-Fog Fogless

___ Indoor Tint
specify: 1/2, 1 and color

___ BluTech Indoor
specify: poly or 1.56 index

Z87-2+ FRAME OR MASK INSERT

___ Supply

___ Enclosed

___ To Come

___ Lenses Only
c size

SIDESHIELDS

___ 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.

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		\$28
Digital Bifocal	\$65	\$15	Transitions	N	
Perceive HD Progressive	\$65	\$85	Indoor Tint #1 or lighter	-Y-	
Upgraded Progressive	\$65	\$165	Indoor Tint #2	N	
Double Segment	\$65	\$45	BluTech Indoor		\$48
LENS MATERIAL			Outdoor Tint/Brazing #3 or darker	N	
Trivex		\$38	Polarized	N	
Polycarbonate	-Y-		BluTech Outdoor	N	
Z87-2+ FRAME			MISCELLANEOUS		
Frame Basic	-Y-		Dispensing Fee	20.00	
Frame Group 1-8		\$18 to \$103	Protection Plus		\$28
Sideshields Detachable	-Y-		Key: "Y" = Allowed "N" = Not Allowed		
Sideshields Permanent	-Y-				

DISPENSING PARTNER RESOURCES:
www.walmanoptical.com

