



Please Fax **ENTIRE** Form To:
800-647-6968
 Twin City Optical - Louisville, KY

Split Bill - Company / Provider
 Price List - Group 202

Existing Program
 Revision Date - 07/07/2014

**University of Missouri-EHS Dept.
 Columbia, MO**

If you have any questions regarding this program, please contact University Optical at (573) 884-7710.

Account# **565143** Date _____

Employee Name (Please Print): _____

P.O.# _____ Employee ID: _____

Department Name: _____

Chargeback PeopleSoft MoCode/Acct: _____ Telephone: _____

Authorized Signer (Please Print): _____

Signature: _____

***Follow MU department instructions to complete order form at
<http://ehs.missouri.edu/ppe/safety-glasses.html>.

	Sphere	Cylinder	Axis	Prescribed Prism			
				In	Out	Up	Down
R							
L							
	Add	Height		Dist - PD -Near			
R							
L							
	Base Curve	OC Height	Bifocals (Please Indicate Style)				
R							
L			Trifocals (Please Indicate Style)				
Circle One	Supply Frame	Frame Enclosed	Progressives (Please Indicate Style)				
	Frame to Follow	Lenses Only					
Frame Name							
Frame Color							
Eye Size	Bridge	Tpl Lngth	Sideshields				

Lens Options

Lens Materials
 Polycarbonate Recommended
 Plastic
 Glass

Scratch Coatings
 TD2

AR Coatings
 Crizal
 Crizal Alize
 Crizal Avance

Tints/Photochromics

Sideshields
 Permanent
 Detachable

CHECK ONE
 Permanent
 Detachable

SHIP TO:
 University Optical
 c/o University Hospital
 One Hospital Drive
 Room EC102
 Columbia, MO 65212

Lens Styles	Company Pays	Copay Due
Single Vision	<input checked="" type="checkbox"/>	
Bifocal / Trifocal	<input checked="" type="checkbox"/>	
Progressive 1	<input type="checkbox"/>	\$35.00
Progressive 2	<input type="checkbox"/>	\$49.00
Progressive 3	<input type="checkbox"/>	\$75.00
Progressive 4	<input type="checkbox"/>	\$85.00

Frame Options	Company Pays	Copay Due
Basic		No Charge
Thrifty	<input type="checkbox"/>	\$10.45
Economy	<input type="checkbox"/>	\$18.45
Fashion	<input type="checkbox"/>	\$23.45
Deluxe	<input type="checkbox"/>	\$28.45
Premium 1	<input type="checkbox"/>	\$40.45
Premium 2	<input type="checkbox"/>	\$45.45
Premium 3	<input type="checkbox"/>	\$50.45
Titanium 1	<input type="checkbox"/>	\$68.45
Titanium 2	<input type="checkbox"/>	\$78.45
Titanium 3	<input type="checkbox"/>	\$98.45

Sideshields	Required
Perm. Sideshields	<input type="checkbox"/> Check Box
Det. Sideshields	<input type="checkbox"/> Check Box

Miscellaneous	Company Pays
Dispensing Fee	<input checked="" type="checkbox"/> \$15.00

Coatings	Copay Due
UV Treatment (Plastic)	\$5.95
Scratch Coat Front (Plastic)	\$9.00
Scratch Coat Front & Back (Plastic)	\$13.00
TD2@ Coating	\$19.95
Crizal@ Easy UV™	\$48.95
Crizal@ Alize UV™	\$58.95
Crizal@Avance UV™	\$67.95

Lens Color	Copay Due
Solid / Gradient Tint (Poly & Plastic)	\$4.95
Solid Tint (Glass - Single Vision)	\$9.50
Solid Tint (Glass - Multifocal)	\$11.00
Transitions® (Poly & Plastic)	\$59.95
Photochromic (Glass - Single Vision)	\$13.95
Photochromic (Glass - Bifocal & Trifocal)	\$17.95
Photochromic (Glass - Progressive)	\$23.95

Total	\$	\$

Instructions
 * Current Prescription (within 2 yrs.) required.
 * University of MO will pay a portion toward the cost of safety glasses.
 * Any amount not covered **MUST** be paid by employee at time of order, via personal check or credit card.

Lens Material Note
 * Essilor strongly recommends the use of polycarbonate for the best protection.
 * **Note: Standard plastic and glass lenses are "Basic Impact" protection only and do not meet the "High Impact" requirements of ANSI Z87.1-2003.**

Misc. Fees
 * University of MO will pay a \$15 dispensing fee.
 * Eyecare provider will collect any exam fees directly from the employee or any insurance.

Describe the duties you perform which expose you to eye hazards

Copay Due

Employee Signature _____

Amx Visa MasterCard

Credit Card # _____

Exp. Date _____

Department Authorization:

Ask your eyecare professional about:



Safety glasses must meet ANSI Z87.1-2003 standards.