

Eyeglass Order Form



Meridian
Health Plan

JAK
Optical Laboratories
Peoria, IL 61615

Phone: 800-654-2833

Fax: 800-322-1822

Email: lab@jakopticallaboratories.com

Please Print or Type	JAK Account #	Provider Phone #						
Provider Number / NPI#		Provider Name						
Dispensing Provider Address								
Dispensing Provider City		State Zip						
P A R T I C I P A N T	Member Identification Number				PRIOR AUTHORIZATION			
	Name – Last			First		Initial		
	Street			City		State		Zip
	Gender	Date of Birth			Date of Order			
		MM	DD	YYYY	MM	DD	YYYY	
Plastic		SV						
*Poly		Ft 28						
R	Sphere		Cylinder	Axis	Dec	Prism	Prism Direction	Lens Base
L	Sphere		Cylinder	Axis	Dec	Prism	Prism Direction	Lens Base
A D D L	Seg Hgt		Inset	Total	Rt. PD Far	Rt. PD Near		
						Lt. PD Far	Lt. PD Near	
Plan Frame Name				Color	Eye	Bridge	Temple	
* Polycarbonate lenses are available for children 20 and under and adults with an Rx of +/- 2.5 or greater with prior authorization.								
Special Instructions								