

2020-2021 Comprehensive eye exam / eyeglass voucher

Name:

School:

Grade:

Date of birth:

Date issued:

(Expires 90 days from date issued)

SS# / Student ID # or

Davis Vision alternative ID:

Address:

Nurse instructions:

1. Call Davis Vision at 1 (800) 783-6872 (when prompted, select option 3 and then select option 2) to speak with a vision care representative.
2. Provide the student's name, address, birth date, school, grade and social security number.
*If the student does not have a Student ID or alternative ID, the representative will assign an ID# for enrollment verification. Please include this number on the voucher.
3. Confirm and write the verified social security number or alternative ID in the space provided.
4. Please ensure that the school nurse and your principal have both signed the eye exam voucher.
5. Provide the original eye exam and eyewear voucher to the student and keep a copy for your files.

- I confirm that as a result of a preliminary vision screening, it appears that the child mentioned above may need corrective eyewear.
- To the best of my knowledge, the child mentioned above is not covered under any vision insurance.

School Principal Signature

School Nurse Signature

Parents / Guardians:

1. Call the providers office to schedule an appointment. (Please mention that you will be redeeming a Davis Vision Goodwill Voucher).
2. Bring this voucher into any of the participating locations to receive a routine eye exam and (1) pair of eyeglasses at no charge.
3. Eyeglasses include a fashion frame and a basic pair of polycarbonate lenses. (Any options, upgrades, add-on or treatments will not be covered)
4. This voucher must be surrendered at the time of service.
**This voucher is non-transferable and valid only for the person whose name is written above. Copies or Facsimiles cannot be combined with any other offer or promotion.

Padres/ Tutores:

1. Llaman al consultorio de los profesionales para programar una cita. (Favor de mencionar que van a redimir un comprobante de Davis Vision Goodwill)
2. Lleven este comprobante que se refleja más arriba a cualquier de los silios participantes para recibir gratis un examen ocular de rutina y un (1) par de anteojos.
3. Los anteojos incluyen una montura de moda y un par de lentes básicas de policarbonato. (Ninguna de las opciones de este ofrecimiento incluye categorías superiores, accesorios o tratamientos)
4. Este comprobante debe ser entregado al tiempo del servicio.
**Este comprobante no es transferible y es válido únicamente para la persona cuyo nombre está escrito arriba. No se pueden combinar copias, duplicados, ni fascimiles con ninguna otra oferta o promoción.

Provider claim instructions:

Follow these steps to ensure the transaction is processed correctly. If you have questions, contact Davis Vision at 1 (800) 783-6872.

1. With the voucher in-hand call Davis Vision 1 (800) 783-6872. (select option 3 and then select option 2)
2. Speak to an eligibility representative to receive an exam and/or materials authorization number.
3. Process the claim as you would a regular Davis Vision member/patient through your computer or POS - keep this voucher for your records.



Provider name and phone # _____

Davis Vision authorization # _____