MDwise
A McLaren Company

Vision Eligibility Request Form
Submit form to: visioneligibility@mdwise.org

MDwise members who are eligible to receive vision benefits may have limitations based on their Indiana Health Coverage Program (IHCP) enrollment. Current benefit limitations by program can be found via the IHCP website and MDwise Provider Manual. These limitations and historical claim payment may affect reimbursement for upcoming services and should be validated prior to the member's appointment.

The most efficient way to check a member's eligibility for specific vision services is to validate historical claim status via the myMDwise Provider Portal located at www.MDwise.org.

Providers who wish to request this information via email should fill out the below information and submit to visioneligibility@mdwise.org. The bottom half of the form will be completed by a MDwise Claim Representative to include all historical and relevant vision claims within forty-eight (48) business hours.

Provider Name:		Request Date:	
Office Contact:		Tax ID:	
Phone:		NPI:	
Fax:		Provider Email:	
Member ID:		Member Name:	

*The below information reflects the historical paid vision claim(s) for **Member ID and LAST NAME, FIRST NAME**.

Claim Date	Paid Exam Service Code	Paid Frames Service Code	Paid Lenses Service Code	Comments

Please call Customer Service at 800-356-1204 with questions.

MDwise Staff Initials: _____ Date: _____

MDwise will complete this section of form and fax back to the provider office.

Please allow up to forty-eight (48) business hours for a return response.

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