



10-0386 MACRO Completed Direct Scheduling OPTOMETRY Authorization

Template: TESTING TITLE 2

Department of Veterans Affairs
VHA CHOICE APPROVAL FOR MEDICAL CARE
VA-FORM 10-0386

Please select referral urgency:
Routine

If ROUTINE, indicate timeframe for appt: Schedule within 30 days or sooner

To facilitate Urgent scheduling, please include an alternate point of contact's (different than the NVCC staff member listed below) name, telephone number, and relationship to the patient (social worker, triage nurse, etc.) in space provided.
N/A

Clinically Indicated Date (CID): (THIS WILL BE TODAY'S DATE)
(CID = VA Ordering Provider requests patient seen on the date entered below, as the first scheduled appointment)
03/09/2017

Category of Care/Type of Specialty:
(e.g. CATEGORY: Optometry vs Ophthalmology)
Category: OPTOMETRY

Type of Specialist:
(e.g. Specialist: Neurologist vs Neurosurgeon)
OPTOMETRIST

Type of Service/Procedure:
One Comprehensive Diagnostic Eye Examination

Number of Visits, Frequency and Duration:
VA Authorizes one Routine Comprehensive Eye Exam annually. If new Eyeglass prescription is indicated, Community Choice provider will write prescription and give to the Veteran. Veteran will bring prescription to their local VA facility in person for obtaining eyeglasses per local policy. Episode of care (EOC) for routine comprehensive eye exam to be completed in a 3 month timeframe.

Veteran or VAMC Preferred Provider Name and Contact Information:
As required

Eligibility Verification:
As the authorized VA representative, I hereby confirm that the Veteran is eligible for Choice services. The Veteran's basic eligibility was verified in the Veterans Choice Viewer application (VA Viewer) on: Mar 9, 2017

Service-Connected (SC) and/or Special Authority (SA):
NO

* Indicates a Required Field

Preview OK Cancel

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Contact local VA NVCC Office first to provide information to VA or reach VA ordering provider. All contact from Contractor will be documented in the Veteran's Record by NVCC and VA Provider notified for awareness.

Report all CRITICAL FINDINGS related to this authorization to the issuing office below. ALL other questions regarding this authorization should be directed to:

AOD/Emergency Contact After Hours #: This may be hard coded by local CAC

From Station #: This may be hard coded by local CAC
Facility Name: This may be hard coded by local CAC
Street Address: This may be hard coded by local CAC
City: This may be hard coded by local CAC
State: This may be hard coded by local CAC
Zip: This may be hard coded by local CAC
Fax: This may be hard coded by local CAC

Veteran Information:
Name: TEST,TEST N
DOB: MAY 29,1965
SSN: 000-00-1965
Address:
DO NOT MAIL 7305 N MILITARY TR
WEST PALM BEACH FL 33410
Phone: Home Phone# 516-555-4444 Work Phone# NONE
Veteran Alternate Phone: [REDACTED]

Veteran Alternate Address:
[REDACTED]

Alternate POC for Veteran: (If available for VA internal use)
Name: [REDACTED]
Address:
[REDACTED]
Phone: [REDACTED]

In accordance with section 101 of the Veterans Access, Choice, and Accountability Act of 2014 (the Act) (Public Law 113-146, 128 Stat. 1754), as amended by the Department of Veterans Affairs (VA), the Expiring Authorities Act of 2014 (Public Law 113-175, 128 Stat. 1902), the Consolidated and Further Continuing Appropriations Act of 2015 (Public Law 113 -235, 128 Stat. 2568), and 38 CFR §§ 17.1500-1540, VA will pay for non-VA hospital care and medical services that are authorized by VA for Veterans who are determined by VA to meet the Veterans Choice Program eligibility criteria set forth by section 101 of the Act and 38 CFR § 17.1510 and any other eligibility standards that may apply to particular services (such as health care for newborns of Veterans under 38 CFR § 17.38(a) (xiv) and dental benefits under §§ 17.160-17.169).

* Indicates a Required Field

Preview OK Cancel