



ND RYAN WHITE PROGRAM PART B REQUEST FOR VISION CARE

NORTH DAKOTA DEPARTMENT OF HEALTH

DIVISION OF DISEASE CONTROL

SFN 60072 (04-2015)

Client's Name	ND Ryan White Client Number	Date Form Completed
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Instructions

Attach estimated cost of procedure from your vision care provider.

All procedures will be covered up to 100 percent. All procedures besides preventive care will be subject to a consultation with vision care provider to determine the need for the procedure, and the ND Ryan White Program Part B will then decide if the procedure will be covered. Glasses will be covered 100 percent up to \$200 biennially.

Type of Assistance Requested

Vision Care Provider's Information

Provider's Name	Telephone Number	
Address		
City	State	Zip Code

Explanation of Vision Care Procedure (To be completed by vision care provider.)

Signatures

_____	_____
Client	Date
_____	_____
Case Manager	Date

Approval by ND Ryan White Program Part B Coordinator

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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