



THIS IS A MEDICAL, NON-INSURANCE REFERRAL FORM

UEC REFERRAL SERVICE

For appointments: Call **(888) 327-5533**
Fax (212) 938-4020 Email: referral@sunyoft.edu

The Patient Care Facility of the SUNY/College of Optometry
33 West 42nd Street, NYC 10036 (between 5th and 6th Avenues)
www.UniversityEyeCenter.org

Date of Referral _____

Referred By **(First & Last Name)** _____ Name of Practice/Facility _____

Patient Name **(First & Last Name)** _____ DOB _____

Address of Referring Provider _____

Patient Address **(Required)** _____ APT # _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Phone # _____ Fax # _____

Patient Phone # **(Required)** _____ Preferred Language _____

E-mail Address _____ NPI # _____

Member Insurance _____

Member ID# _____

Please fax copy of insurance card (front & back)

Do you dispense eyeglasses at this location **(Required)**

Yes No

IS THIS REFERRAL FOR EMERGENT CARE (24 - 48 HRS)? REQUIRED: Yes No

____ I would like my patient to continue care at SUNY for the referred issue. Patient is to return to me for comprehensive care.

____ I would like to transfer care of this patient to SUNY.

*****IMPORTANT! PLEASE SEND A COPY OF THE MOST RECENT EYE EXAM WITH THIS FORM*****

Correspondence: (check one)

Referred to (check one):

____ Imaging Center only (Dx needed)

____ Consultation

____ Consultation & Treatment

____ w/ Interpretation

____ w/o Interpretation

____ Please Call

____ Mail Report

____ Fax Report

____ Health Info Exchange

Special Testing:

____ ONH/NFL Imaging

____ Macular/Retinal Imaging

____ Optical Biometry (IOL Master)

____ Corneal Topography

____ Corneal Endothelial Count

____ Pachymetry

____ Ultrasound Biomicroscopy

____ A and B Scan Ultrasonography

____ Fluorescein Angiography

____ Digital Photography

____ Visual Field Test

____ VEP

____ ERG/EOG (10 years & older)

____ Meibography

Specialty Care:

____ Cataract

____ Cornea

____ Contact Lenses

____ Myopia Management ***COPY OF**

COMPLETE EYE EXAM REQUIRED!

____ Prosthetic Fit

____ Retina

____ Glaucoma

____ Neuro-ocular

____ Oculoplastics

____ Dry Eye

____ Hereditary Retinal & Optic

____ Nerve Disease

____ Vision Therapy ***COPY OF COMPLETE EYE EXAM REQUIRED!**

____ Head Trauma/Acquired Brain Injury

____ Learning Disabilities

____ Low Vision ***COPY OF COMPLETE**

EYE EXAM REQUIRED!

____ Infant Vision (birth to 4 years of age)

____ Pediatrics (5 to 13 years of age)

____ Pediatric Ocular Disease (<14 years)

____ Strabismus Surgical Consult (all ages)

____ Children w/Special Needs (<18 years)

____ Adults w/Disabilities

____ Primary Care/CEE (14 years & older)

____ Color Vision Test

Diagnoses: _____

Patient's latest refraction: OD _____

Diagnosis Codes: _____

OS _____

Reason(s) for Referral/Pertinent Information:

IMPORTANT! Date of last dilated fundus exam and findings:

******THIS IS A MEDICAL, NON-INSURANCE REFERRAL FORM******

University Eye Center

The Patient Care Facility of the SUNY/College of Optometry
33 West 42nd Street, NYC 10036 (between 5th and 6th Avenues)
www.UniversityEyeCenter.org

Participating Insurance Programs

Aetna	EyeMed	Oxford
Affinity	Fidelis	Optum Health Vision (Spectera)
AmidaCare	Healthcare Partners (HCP)	POMCO
Avesis	Healthfirst (Medicaid only)	Senior Health Partners
Catholic Guild (Voucher)	Humana	Superior Vision (Block Vision)
Center Light	Independence Care System (ICS)	Tri-Care North Region (Healthnet)
Cigna	Liberty Health Advantage	Touchstone
Commission for the Blind (Voucher)	Magnacare	United Healthcare
Community Plan (Americhoice)	MarchVision	VESID
Coventry	Medicaid	VIPA
Davis Vision	Medicare	VNS
DentaQuest/EyeQuest	MetroPlus	VSP
Elderplan	Multiplan/PHCS	VSPM
Emblem Health (GHI/HIP)	Neighborhood Health Plan	Well Care
Empire Blue Cross/Shield	NVA	1199
Empire BC & BS HealthPlus (Amerigroup)		

How to get to the University Eye Center

- The B,D,V or F to 42nd Street and 6th Avenue
- The 7 train to 5th Avenue
- The 4, 5, or 6 to 42nd Street / Grand Central Station
- The M42 and M104 buses stop half a block away
- The 1, 2, 3, 9, A, C, E, N, R, Q or W to 42nd Street / Times Square
- The LIRR to Penn Station
- Metro North to Grand Central Station

The University Eye Center is located across the street from Bryant Park and the main branch of the New York Public Library. The address is 33 West 42nd Street, which is located between 5th and 6th Avenues. There are several public parking garages located along West 43rd Street (fees apply).

