



THIS IS A MEDICAL, NON-INSURANCE REFERRAL FORM

UEC REFERRAL SERVICE

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

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

Date of Referral _____	Referred By (First & Last Name) _____	Name of Practice/Facility _____
Patient Name (First & Last Name) _____	Address of Referring Provider _____	
Patient Address (Required) _____	City _____	State _____ Zip _____
APT # _____	Phone # _____	Fax # _____
City _____ State _____ Zip _____	E-mail Address _____ NPI # _____	
Patient Phone # (Required) _____	Preferred Language _____	
Member Insurance _____	Do you dispense eyeglasses at this location (Required)	
Member ID# _____	Yes No	
Please fax copy of insurance card (front & back)		

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*****

Referred to (check one):

Imaging Center only (Dx needed) _____
w/ Interpretation _____
w/o Interpretation _____

Consultation _____ Consultation & Treatment _____
(Please check Specialty Care for Consults)

Correspondence: (check one)
Please Call _____
MailReport _____
Fax Report _____
Health Info Exchange _____

Imaging & 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 _____
Digital Photography _____
VEP _____
ERG/EOG (10 years & older) _____
Meibography _____
Fluorescein Angiography (or OCT-A) _____
Visual Field Test ***DISTANT RX** _____

Specialty Care:

Ocular Surface Disease _____
Lipiflow _____
Intense Pulsed Light (IPL) _____
Oculoplastics _____
Cataract _____
Corneal Disease _____
Contact Lenses _____
Prosthetic Evaluation/Fit _____
Myopia Management ***COPY OF COMPLETE EYE EXAM REQUIRED!** _____
Glaucoma _____
Neuro-ocular _____
Retina _____
Hereditary Retinal & Optic Nerve Disease _____

Binocular Vision Evaluation ***COPY OF COMPLETE EYE EXAM REQUIRED!** _____
Strabismus/Amblyopia Evaluation ***COPY OF COMPLETE EYE EXAM REQUIRED!** _____
Learning Disabilities _____
Low Vision ***COPY OF COMPLETE EYE EXAM WITH DILATION 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 _____

REQUIRED & VF PATTERN:

Humphrey 24-2 30-2 10-2 Other _____

Diagnoses: _____ Refraction:OD _____ OS _____

Diagnosis Codes: _____ Visual Acuity:OD _____ OS _____

Reason(s) for Referral/Pertinent Information:

IMPORTANT! Date of last dilated fundus exam and findings:

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University Eye Center

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The UEC participates in the following insurance plans

1199 Natl Benefit Fund	Eyemed	Neighborhood Health
AARP	EyeQuest	NVA
Aetna	Fidelis	NYC Department of Education (Voucher Required)
Affinity Health Plan	Guildnet	Optum VA
AmidaCare	GHI	Oxford
Catholic Guild (Voucher Required)	Healthfirst	Solstice
Centerlight	HealthPlus Amerigroup	Spectera Vision
Cigna	Humana	Superior Vision
Commission for the Blind (Voucher Required)	Magnacare PPO	United Healthcare (Excluding UH Mosaic Plan)
Coventry	March Vision	VESID (Authorization Required)
Davis Vision	New York State Medicaid	VillageCare Max Advantage
Elder Plan	Medicare	Vision Service Plan (VSP)
Emblem Health (GHI/HIP)	Metroplus	Visiting Nurse Services (Medicare Advantage Plan)
Empire Blue Cross/Shield	Multiplan	Wellcare
Empire Plan (NYSHIP)	(Please check your individual Plan)	

The UEC's participation with insurance plans is constantly evolving.
Please call to verify if we participate with your plan: 212-938-4001

How to get to the University Eye Center

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

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).

