



## ND RYAN WHITE PROGRAM PART B REQUEST FOR VISION CARE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DISEASE CONTROL AND FORENSIC PATHOLOGY

SFN 60072 (7-2023)

Client's Name	RW Number	RW Agency
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### Procedure

- Attach the estimated cost of the procedure from your vision care provider.
- All preventive services may be covered up to 100 percent. Procedures other than routine and preventive care must be related to HIV and need to be approved by the ND Ryan White Program Coordinator.
- Glasses may be covered up to \$500 every other year. Contact lenses are not covered.

### Vision Care Provider's Information

Provider's Name		Telephone Number	
Street Address	City	State	Zip Code
Explanation of the Procedure(s)			
Procedure Date		Procedure Cost (\$)	

### Signatures

Vision Care Provider (optional)	Date
Client	Date

### For the ND Ryan White Program

Procedure <input type="checkbox"/> Approved <input type="checkbox"/> Denied, reason:	
Case Manager	Date
ND Ryan White Coordinator Signature	Date