



\*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 or Fax (212) 938-4020

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)

City State Zip

City State Zip

Phone # Fax #

Patient Phone # (Required)

E-mail Address NPI #

Member Insurance

Member ID#

Do you dispense eyeglasses at this location (Required) Yes No

Please fax copy of insurance card (front & back)

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

IS THIS REFERRAL URGENT (24 - 48 HRS)? 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.

Correspondence: (check one)

Please Call

Mail Report

Fax Report

Referred to (check one):

Imaging Center only (Dx needed) Consultation Consultation & Treatment

w/ Interpretation

w/o Interpretation

Special Testing:

- ONH/NFL Imaging
Macular/Retinal Imaging
Optical Biometry (IOL Master)
Corneal Topography
Pachymetry
Ultrasound Biomicroscopy
A and B Scan Ultrasonography
Fluorescein Angiography
Digital Photography
Visual Field Test
VEP
ERG/EOG

Specialty Care:

- Cataract
Cornea
Contact Lenses
Myopia Control\*PLS ATTACH COPY OF COMPLETE EYE EXAM + DFE RESULTS!
Prosthetic Fit
Retina
Glaucoma
Neuro-ocular
Oculoplastics
Dry Eye
Hereditary Retinal

Vision Therapy\*PLS ATTACH COPY OF COMPLETE EYE EXAM + DFE RESULTS!

- Head Trauma/Acquired Brain Injury
Sports & Performance Vision
Learning Disabilities
Low Vision Rehabilitation
Infant Vision (birth to 4 years of age)
Pediatrics (5 to 13 years of age)
Pediatric Ocular Disease (<14 years)
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:

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## 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 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

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.

