



Please Fax ENTIRE Form To:
800-553-1730
BELL OPTICAL - COLUMBUS OH

INDUSTRIAL PRESCRIPTION

Price List - Group 211
Essilor Bills Company Full/Retiree/Family Pays in Full with Personal Credit
or Debit Card

Effective Date - 1/1/2014
Revision Date - 11/1/2019

Alliant Energy Corporate Services Inc. Retirees & Family

If you have any questions regarding this program, call Essilor Safety Eyewear at 800-776-8077.

Date: _____

Retiree/Family Name: _____

*** CREDIT CARD FORM MUST BE SENT WITH ORDER FORM ***

	Sphere	Cylinder	Axis	Prescribed Prism In Out Up Down				Lens Options
R								Lens Materials
L								Polycarbonate Recommended Trivex
	Add	Height		Dist - PD -Near				Coatings
R								TD2® Coating
L								TD2® w/ OptiFog™
	Base Curve	OC Height	Bifocals (Please Indicate Style)					Crizal® w/ OptiFog™
R								Crizal® Easy UV™
L								Crizal® Alize UV™
	Supply Frame	Frame Enclosed	Trifocals (Please Indicate Style)					Crizal® Avance UV™
Circle One	Frame to Follow	Lenses Only	Progressives (Please Indicate Style)					Crizal® Sapphire UV™
Frame Name								Tints/Photochromics
Frame Color								Items NOT Allowed
Eye Size	Bridge	Tpl Lngth	Sideshields Detachable					Plastic & Glass Lenses
Special Instructions				COMPLETED ESSILOR CREDIT CARD FORM MUST BE SENT WITH ORDER OR ORDER WILL NOT BE PROCESSED.				ECP Account #:
								Company Account: 410024070

*** EYECARE PROVIDER *** Make ALL Order Selections on the LEFT SIDE OF THIS FORM

Frame Options	Retiree/Family Pays	Not Allowed
Basic	\$0.00	<input type="checkbox"/>
Thrifty	\$10.95	<input type="checkbox"/>
Economy	\$15.95	<input type="checkbox"/>
Fashion	\$20.95	<input type="checkbox"/>
Deluxe	\$25.95	<input type="checkbox"/>
Premium 1	\$37.95	<input type="checkbox"/>
Premium 2	\$42.95	<input type="checkbox"/>
Premium 3	\$47.95	<input type="checkbox"/>
Titanium 1	\$65.95	<input type="checkbox"/>
Titanium 2	\$75.95	<input type="checkbox"/>
Titanium 3	\$95.95	<input type="checkbox"/>
Lens Styles	Retiree/Family Pays	Not Allowed
Single Vision	\$14.95	<input type="checkbox"/>
Bifocal/Trifocal (ST25/28)	\$25.95	<input type="checkbox"/>
Base Prog-Ess Natural	\$34.95	<input type="checkbox"/>
Progressive 1	\$49.95	<input type="checkbox"/>
Progressive 2	\$77.95	<input type="checkbox"/>
Progressive 3	\$112.95	<input type="checkbox"/>
Progressive 4	\$122.95	<input type="checkbox"/>
Progressive 5	\$143.95	<input type="checkbox"/>
Progressive 6	\$194.95	<input type="checkbox"/>
Lens Material	Retiree/Family Pays	Not Allowed
Polycarbonate	\$0.00	<input type="checkbox"/>
Trivex	\$20.00	<input type="checkbox"/>
Plastic & Glass		<input checked="" type="checkbox"/>
Coatings	Retiree/Family Pays	Not Allowed
TD2® Coating	\$15.00	<input type="checkbox"/>
TD2® w/ OptiFog™	\$29.95	<input type="checkbox"/>
Crizal® w/OptiFog™	\$76.95	<input type="checkbox"/>
Crizal® Easy UV™	\$42.00	<input type="checkbox"/>
Crizal® Alize UV™	\$58.95	<input type="checkbox"/>
Crizal® Avance UV™	\$67.95	<input type="checkbox"/>
Crizal® Sapphire UV™	\$77.95	<input type="checkbox"/>
Lens Color	Retiree/Family Pays	Not Allowed
Solid / Gradient Tint	\$4.95	<input type="checkbox"/>
Essential Blue Series	\$9.00	<input type="checkbox"/>
Transitions®	\$51.45	<input type="checkbox"/>
Transitions® XTRActive	\$65.95	<input type="checkbox"/>
Xperio UV	\$56.95	<input type="checkbox"/>
Miscellaneous	Retiree/Family Pays	Not Allowed
Dispensing Fee \$30	\$30.00	<input type="checkbox"/>
Perm/Detach Sideshields	\$2.50	<input type="checkbox"/>
Shipping	\$2.05	<input type="checkbox"/>

Instructions
* Current Prescription (within 2 yrs or expiration date) required.
* Bring prescription & this form to eyecare provider.
* Eyecare provider must order, dispense & fit glasses.

Special Instructions
* Alliant Energy Retirees & Family will be responsible for the Full Cost of safety glasses (see items checked in Retiree/Family Pays column)
* Retiree/Family must complete Essilor Credit Card form and form must be faxed to lab with order form.
* Order will not be processed without this information.

Lens Material Note
* Alliant Energy & Essilor strongly recommend the use of polycarbonate for the best protection.
* **Note: Standard plastic and glass lenses are "Basic Impact Rated" protection only and do not meet the "High Impact Rated" requirements of ANSI Z87.1-2010.**

Ordering/Shipping
* Eyecare provider will order glasses and will receive completed glasses.
* Retiree/Family needs to be fit properly by eyecare provider.

Misc. Fees
* Essilor will bill the Retiree/Family \$30 for the dispensing fee. Essilor will reimburse the eyecare provider \$30.
* Eyecare provider will collect any exam fees directly from the retiree or any insurance, if applicable.

Safety glasses must meet ANSI Z87.1-2010 standards.

Ask your eyecare professional about:



EYECARE PROVIDER - Complete Below for Dispensing Fee Payment and Shipping

Office Name _____ Phone: _____

Address: (Please Print) _____

City/State/Zip: _____



ESSILOR LABORATORIES OF AMERICA CHARGE AUTHORIZATION FORM

★ THE CHARGE WILL SHOW UP UNDER
ESSILOR LABORATORIES IN DALLAS, TX ★

For Alliant Energy Orders ONLY

Fax complete form with order form to: 800-553-1730

Account Name: _____

Account Number (11 Digits) : Bell Columbus #404000 _____

Patient Name: _____

Credit Card Holder Name: _____
(only if different than patient name)

Credit Card Holder Mailing
Address: _____

City: _____ State: _____

Zip: _____

Credit Card Number: _____

Exp. Date: _____

Credit Card Holder Phone
Number: _____

Shipping Document Number _____
Essilor will fill in shipping document number

Estimated Amount to Charge _____

Email or Fax info for credit card
receipt: _____

(If you would like a credit card receipt emailed, please fill in, otherwise leave blank.)



ALL fields on this form are REQUIRED to be completed in order to process payment.