
HMSA'S PLAN FOR QUEST MEMBERS
VISION PATIENT CERTIFICATION STATEMENT

I did not have an eye examination (refraction) or receive a pair of prescription eyeglasses or contact lenses within the last 24 months (12 months for children).

Signature Date

—OR—

My last eye examination was on ___/___/___, but I did not receive a pair of prescription eyeglasses or contact lenses within the last 24 months (12 months for children).

Signature Date