

How to Make an Eye Doctor Appointment with Medicaid

1.A If you know your HMO Provider, please see the table below and call the number listed for your specific HMO. Follow steps 4-7 to proceed with making an eye exam appointment. **If you reside in Milwaukee, Racine or Waukesha County is best to call between the 21st and 26th of the month. Appointments are first come first serve.**

Note: Before calling your HMO, please refer to Prevent Blindness Wisconsin’s Medicaid Provider List to see if your county is listed. If your county is listed, please refer to step 5B.

HMO Provider	(855) 690-7800
Anthem BlueCross BlueShield	(855) 516-2724
Chorus Community Health Plan	(800) 482-8010
Dean Health Plan	(800) 279-1301
Group Health Cooperative of Eau Claire	(888) 203-7770
Group Health Cooperative of South-Central WI	(608) 828-4853
Independent Care (iCare)	(800) 777-4376
MercyCare Insurance Company	(800) 895-2421
Managed Health Services (MHS) Health WI	(888) 713-6180
Molina Health Care	(888) 999-2404
My Choice Wisconsin (MCW)	(855) 530-6790
Network Health Plan	(888) 713-6180
Quartz	(800) 362-3310
Security Health Plan of WI	(800) 791-3044
United HealthCare (UHC)	(800) 504-9660
Straight Title 19	(800) 362-3002

1.B If you do not know your HMO Provider, call the 1-800 number on your ForwardHealth card.

- Options to receive further information on their vision health coverage will include the following:
 - Choose your language:
 - Push 1 for English
 - Push 2 for Spanish
 - Push 7 to connect with a translator for other languages
 - Wait for the PSA to complete, then push 2 for Healthcare Benefit Information
 - Push 2 to find out your Medicaid Benefit Plan (HMO)

Sample ForwardHealth Identification Card



2. The system will ask for your social security number, or 10-digit ForwardHealth Member I.D. number. The Member I.D number can be found on the front of your ForwardHealth Card.

3. After entering your social security number or 10-digit ForwardHealth Member I.D., the system will ask for your date of birth by Month, Day, and Year.

4. After the information is collected, an audio message will state your name, what ForwardHealth plan you are enrolled in, and your HMO. Please document your HMO information in the table below:

HMO Provider

- 5.A Call the number for your HMO Provider. You must provide them with your 10-digit Member I.D. number to move forward with making an appointment. Ask which clinics/plans they cover in your area for vision services. Document the clinic, phone number and/or website in the chart below:

Provider/Clinic	Phone Number	Website

- 5.B ***If your county is provided with Prevent Blindness Wisconsin’s Medicaid Provider List, please reference the list, and determine a clinic location that takes your HMO.**

6. Once a covered clinic is determined, call this number to make an eye exam appointment. You will have to state your 10-digit ForwardHealth Member I.D. number with the clinic to make an appointment.
7. Document the date and time of your appointment. An appointment slip reminder is below. ****You must bring your ForwardHealth card and a form of I.D. (driver license or identification card) to your eye exam appointment. The eye doctor will not see you unless you have your ForwardHealth card and a form of I.D.***

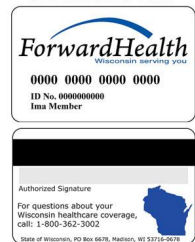
Sample Driver License



Sample Identification



Sample ForwardHealth Identification Card



Eye Exam Appointment Slip

Bring you ForwardHealth Card and a form of I.D. with you to your eye doctor appointment

Date: _____ Time: _____

Clinic: _____ Address: _____

Arrive _____ minutes before your appointment