

**EMPLOYER BILL TO 24906 | ADVANCED INDUSTRIAL SERVICES**  
 3250 N SUSQUEHANNA TRL, YORK, PA 17406-9754 | Blythe Pruitt (717) 814-4951

**DISPENSING SERVICE DATE** \_\_\_\_\_  
 Check Order Status: (800) 673-2425 | Program Support: (844) 401-7702

**DISPENSING PARTNER**  
 Walman ECP Acct#, Name, Address, Phone

Account # \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYEE**

LAST NAME, FIRST NAME \_\_\_\_\_  
 PHONE \_\_\_\_\_

**PROGRAM INSTRUCTIONS**

**Program:** Large Volume **Revised Date:** 01/01/2022  
 Walman Optical bills the employer up to \$100 for prescription safety eyewear, including the dispensing fee, and the handling charge.  
 All ANSI approved frame and lens options are allowed unless marked below with "N" for not allowed. Permanent sideshields are required.  
 Any cost above \$100.00 is the employee's responsibility payable to the eyecare provider.  
 Eye examination costs are the employee's responsibility payable to the eyecare provider.  
 Eyecare provider is reimbursed dispensing fees from Walman Optical. Enter your office information above.  
 Enter the prescription and order detail and determine any employee pay portion below.  
 Fax this completed form to the lab for fabrication. The complete safety eyewear is mailed to the eyecare provider for Rx verification and a proper fitting.  
 A current eyeglass prescription is required (not expired, dated within 2 years). Eye exam costs are not part of this safety eyewear program. Eye exam cost is the employee's responsibility, payable to the eyecare provider.

SPHERE	CYLINDER	AXIS	PRISM	DISTANCE PD	NEAR PD
R					
L					
OC HEIGHT	ADD	SEG HEIGHT	PRESCRIPTION NOTE OR INSTRUCTION:		
R					
L					
<b>LENS STYLE</b>			<b>LENS MATERIAL</b>		
<input type="checkbox"/> Single Vision <input type="checkbox"/> Digital Single Vision _____ specify: design and enter OC ht <input type="checkbox"/> Lined Multifocal _____ specify: seg size			<input type="checkbox"/> Digital Bifocal <input type="checkbox"/> Unity Via _____ specify: reg/wrap/office <input type="checkbox"/> Upgrade PAL _____ specify: design <input type="checkbox"/> Double Seg _____ specify: seg size		
<b>LENS ENHANCEMENTS</b>					
<input type="checkbox"/> Hardcoat <input type="checkbox"/> Anti-Fog Fogless					
<b>Z87-2+ FRAME OR MASK INSERT</b>			<b>SIDESHIELDS</b>		
<input type="checkbox"/> Supply <input type="checkbox"/> To Come			<input type="checkbox"/> Enclosed <input type="checkbox"/> Lenses Only _____ c size		
<input type="checkbox"/> Permanent					

**EMPLOYEE OUT-OF-POCKET**

**LENS STYLE** \$ \_\_\_\_\_

**LENS MATERIAL** \$ \_\_\_\_\_

**LENS ENHANCEMENTS**

Coating \$ \_\_\_\_\_

Color \$ \_\_\_\_\_

**FRAME**

Frame \$ \_\_\_\_\_

Sideshields \$3 if Group 1-8 \$ \_\_\_\_\_

**MISCELLANEOUS**

Dispensing Fee \$ 20.00

Handling Charge \$ 4.00

Protection Plus \$ \_\_\_\_\_

---

**SUBTOTAL** \$ \_\_\_\_\_

**EMPLOYER COVERAGE** - \$ 100.00

---

**EMPLOYEE TOTAL** \$ \_\_\_\_\_

MANUFACTURER \_\_\_\_\_ FRAME NAME \_\_\_\_\_ COLOR \_\_\_\_\_ SIZE \_\_\_\_\_  
**Basic \$0 Group 1 \$18 Group 2 \$33 Group 3 \$43 Group 4 \$53 Group 5 \$63 Group 6 \$73 Group 7 \$83 Group 8 \$103**

**MISCELLANEOUS**

Protection Plus  
 If purchased, lenses will be remade one time for any reason within 1 year of original invoice date. Coated lenses only.

LENS STYLE	ITEM COST	LENS ENHANCEMENT	ITEM COST
Single Vision	\$28	Non-Glare Sentinel+UV	N
Digital Single Vision	\$50	Hardcoat	\$28
Lined Multifocal	\$48	Anti-Fog Fogless	\$38
Digital Bifocal	\$65	Transitions	N
Unity Via	\$118	Indoor Tint #1 or lighter	N
Upgraded Progressive	\$175	Indoor Tint #2	N
Double Segment	\$95	BluTech Indoor	N
<b>LENS MATERIAL</b>		Outdoor Tint/Brazing #3 or darker	N
Trivex	\$38	Polarized	N
Polycarbonate	\$0	BluTech Outdoor	N
<b>Z87-2+ FRAME</b>		<b>MISCELLANEOUS</b>	
Frame Basic	\$0	Dispensing Fee	20.00
Frame Group 1-8	\$15 to \$100	Protection Plus	\$28
Sideshields Detachable	N		
Sideshields Permanent	\$0 or \$3		

Key: "N" = Not Allowed

