

Children's Opti-Care Program Claim Form



Manitoba Families
Provincial Services
100 – 114 Garry Street
Winnipeg, MB R3C 4V4
Phone: 204-945-2197
Toll Free: 1-877-587-6224
E-mail: incsup@gov.mb.ca

Instructions:

- Answer all questions in Part 1 on this form.
- Have your eye doctor or optician fill in and sign Part 2 of this form.
- Mail or fax the completed claim form **and your child's eyeglass receipt(s)** to the address above.

Note:

- Your family must be getting the Manitoba Child Benefit to apply for this program.
- If you get eyewear benefits from any other health insurance plan, you cannot apply to this program.
- You must send your claim within **14 months of the date you bought the glasses.**
- You cannot make a claim for glasses you bought before January 1, 2012.

Part 1 – Patient Information

Parent/Guardian's Last Name	First Name	Social Insurance Number	
Address (Number and Street Name)	City/Town	Province	Postal Code
Child's Last Name	First Name	Birth Date Day Month Year	

Privacy Protection:

I understand that the personal information about me and my children is protected by **The Freedom of Information and Protection of Privacy Act** and **The Personal Health Information Act**. This information will only be used to assess my eligibility for the Children's Opti-Care Program. It will not be used for any other purpose, without my permission.

I confirm that the above information is accurate.

Signature of applicant/parent/guardian

Date

Part 2 – Eye Care Provider / Child Prescription Information

Prescription Details:	Reason for Purchase: (please check)	Cost:
Sphere: R <input type="text"/> L <input type="text"/>	a) Initial prescription <input type="checkbox"/>	Lenses \$ <input type="text"/>
Cylinder: R <input type="text"/> L <input type="text"/>	b) Prescription change <input type="checkbox"/>	Frames \$ <input type="text"/>
Axis: R <input type="text"/> L <input type="text"/>	c) Other (please specify) <input type="checkbox"/>	Other (please specify) \$ <input type="text"/>
Prism 1: R <input type="text"/> L <input type="text"/>	<input type="text"/>	<input type="text"/>
Base 1: R <input type="text"/> L <input type="text"/>	<input type="text"/>	<input type="text"/>
Prism 2: R <input type="text"/> L <input type="text"/>	<input type="text"/>	<input type="text"/>
Base 2: R <input type="text"/> L <input type="text"/>	<input type="text"/>	<input type="text"/>
Add: R <input type="text"/> L <input type="text"/>	<input type="text"/>	Total Cost: \$ <input type="text"/>

I am a legally qualified Manitoba ☐ Ophthalmologist ☐ Optometrist ☐ Optician

Provider's Signature

Provider's Phone No.

Date of Purchase

I certify that the treatment above was provided and all the information on this form is accurate.