



## **CALIFORNIA HEALTH AND WELLNESS PLAN REPLACEMENT FRAMES ACKNOWLEDGEMENT**

Replacement frames may be covered for Medi-Cal members for reasons other than loss, theft or destruction in circumstances beyond the recipient's control. Pre-authorization is required. The member must explain the circumstances of the replacement and the reason the existing frame cannot be used and sign below.

Reason for replacement frames: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Printed Member Name

\_\_\_\_\_  
Provider Name

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Provider NPI

\_\_\_\_\_  
Member ID

\_\_\_\_\_  
Authorized Personnel Signature

\_\_\_\_\_  
Date