

Health & Human Services

**Group Attestation**

Optometric and Eyeglass Services

\_\_\_\_\_  
**Group Name (Printed)**

\_\_\_\_\_  
**NPI**

Medical Services Division, Optometric and Eyeglass Services Provider Policy, require an enrolled optometric group to order eyeglasses from the designated eyeglass contractor when providing optometric and eyeglass services.

I agree and attest to the following:

I have read and understood the Optometric and Eyeglass Services Provider Policy.

Will order glasses from the designated eyeglass contractor.

\_\_\_\_\_  
**Signature of Authorized Representative**

\_\_\_\_\_  
**Date**

Please sign and return by email to [NDMedicaidEnrollment@Noridian.com](mailto:NDMedicaidEnrollment@Noridian.com) or by fax to (701) 433-5956.