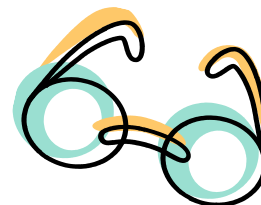


EYE CARE/VISION ASSISTANCE



Please call first to make an appointment and verify services.

America's Best Contacts and Glasses

1-800-TWO-PAIR call for the location nearest you

www.twopair.com

Exams - \$45

Exam & 2 pairs of glasses \$70

Gravois Plaza
3573 Bamberger Ave.
St. Louis, MO 63116
314-678-5420

Crossings at Halls Ferry
10950 New Halls Ferry Rd.
St. Louis, MO 63136
314-388-9999

BJC Vision Center

1 Barnes-Jewish Hospital Plaza
St. Louis, MO 63110

314-362-6123

Exams only, low income bring last year's 1040 form

The Brady Clinic

1755 S. Grand Blvd
St. Louis, MO 63104
314-256-3200

Must be referred by a caseworker
Clinic charges \$135; unemployed and uninsured no charge

Center for Eye Care (UMSL)

Need referral from case worker, school district, or Lions Club

Optometric Center
3940 Lindell
St. Louis, MO 63108
314-535-5016

University Eye Center
7800 Natural Bridge
St. Louis, MO 63121
314-516-5131

Clarkson Eyecare

1-888-EYE-CARE call for the location nearest you

www.clarksoneyecare.com

Exam and glasses for adults and children no charge - based on income, must apply

FOUNDATION ASSISTANCE

7342 Manchester Rd
St. Louis, MO 63143
314-645-1575

Crown Vision Center

1-800-393-2273 call for the location nearest you

www.crownvisioncenter.com

Exams and glasses for adults starting at \$70

Crown Cares for Kids – Through school nurse and participating schools; children under 14 yrs without insurance or other benefits can get exams and glasses free of charge.

3718 S. Kingshighway
St. Louis, MO 63116
314-446-1134

4145 Lindell Blvd.
St. Louis, MO 63108
314-533-1898

10465 St. Charles Rock Rd
St. Ann, MO 63074
314-423-2010

Care Optical

1015 N. Grand Ave.
St. Louis, MO 63106
314-535-2273

Under 45 yrs. – Exam & glasses starting at \$89

Over 45 yrs. – Exam & glasses starting at \$119

Eye Associates

5535 Delmar Blvd., Suite 509

St. Louis, MO 63112

314-367-7077

Must be referred by a clinic for free services

Family Care Health Center

401 Holly Hills Avenue

St. Louis, MO 63111

314-353-5190

Sliding scale fee on income - exam and glasses starting at \$20

Grace Hill Murphy – O'Fallon Health Center

1717 Biddle St.

St. Louis, MO 63106

314-814-8700

Sliding scale fee on income
Exams and glasses

Myrtle Hillard Davis

Comprehensive Health Center

5471 Dr. MLK Dr

St. Louis, MO 63112

314-367-5820

Sliding scale fee on income - \$15 up front

Exams only

People's Health Center

5701 Delmar Blvd.

St. Louis, MO 63112

314-367-7848

Must be a patient - \$50

Only open on Friday

South St. Louis Optical

6200 Chippewa

St. Louis, MO 63109

314-352-6100

Glasses only – adults and children starting at \$99

St. John's Mercy Eye Care
6650 Chippewa
St. Louis, MO 63109
314-752-2679
Exams – adults and children starting
at \$85
Specials and sales including ½ off
frames

Walmart Vision Center
www.walmart.com
Exam – Price differs by doctor
Under 18 – lenses starting at \$29
and frames starting at \$9
Over 18 – lenses starting at \$118
and frames between \$9-\$188

3270 Telegraph Rd.
St. Louis, MO 63125
314-845-3164

1900 Maplewood Commons Dr.
On S. Hanley
Maplewood, MO 63143
314-781-1734

IF YOU NEED ASSISTANCE PAYING FOR YOUR EXAM OR GLASSES, contact the following programs:

HEALTHY VISION NETWORK – 1-800-EYE-CARE (1-800-393-2273) – for uninsured/underinsured adults ages 20-64 in St. Louis City & County. Call first to see if you qualify for their program.

VISION USA – 1-800-766-4466 – for adults & children, one person in the household must be working at least part time; application available at the American Optometric Association's website:
<http://www.aoa.org/documents/Patient-Application-Form.pdf>

LION'S CLUB – 314-645-3500 if you live South of Hwy 64/40; 314-205-1980 if you live North of Hwy 64/40

ONE SIGHT PROGRAM

Used by **Lenscrafters, Pearle Vision, Sears Optical, Target Optical**

For those without insurance, agencies (i.e. United Way, tax deferred agencies, and case workers) can write a letter saying client is in need of eye care. Stores that participate will provide free lenses and frames. Often the doctor will reduce the exam price or not charge at all.

Lion's Club can also determine eligibility and distribute vouchers for lenses and frames. Call the National Lion's Club at 630-571-5466 ext 372. They will explain the voucher program.

Lions Club of St. Louis – 314-645-3500 if you live South of Hwy 64/40; 314-205-1980 if you live North of Hwy 64/40

Lenscrafters

www.lenscrafters.com
2493 Saint Louis Galleria
St. Louis, MO 63117
314-727-4361
Exams - \$62
Specials and sales including
50% off complete eyeglass
purchase and kids glasses

Pearle Vision

www.pearlevision.com
1 Brentwood Promenade Ct.
Brentwood, MO 63144
314-961-7552

South County Center #73
St. Louis 63129
314-845-2300

Sears Optical

www.searsoptical.com
250 Centerway Dr.
St. Louis, MO 63129
314-487-3345

15 Crestwood Plaza
St. Louis, MO 63126
314-968-7654

Target Optical

www.target.com
1042 Kirkwood Rd.
St. Louis, MO 63122
314-822-4952

VISION USA PATIENT APPLICATION FORM

**May be used for all family members. You may make copies if you need more forms.
Applications are accepted year round.**

VISION USA provides free eye exams to eligible, low-income working families. Services are donated by volunteer optometrists who are members of the American Optometric Association and may be limited in some areas.

COMPLETE THIS APPLICATION FORM ONLY IF:

1. **Someone in the household is working at least part time;**
 2. **The person seeking care has no public or private insurance that covers eye exams;**
 3. **The person has not had an eye exam in the last 2 years;**
 4. **The household is low-income and unable to pay for eye exams.**
- NO EXCEPTIONS WILL BE MADE**

You may also apply by telephone toll-free at **(800) 766-4466**.

You must answer all information and questions. Verification may be requested. Please print legibly.

1. Is at least one person in your household currently working? (Either full-time, part-time, or both) Yes No
2. What is the total number of people in your household living with you including yourself? _____
3. What was your household's approximate gross income (before taxes and deductions) including income from other sources such as alimony and child support?

Last Year	\$ _____
OR (not both)	
Last Month	\$ _____

(write in dollars only)

Please **PRINT** the names of the members of your household you want to apply for a free eye exam.

First Name	Last Name	Has this person had an eye exam in the last two years? (School screenings are NOT considered an exam.)	Does this person have any private or government insurance, Medicaid or Medicare, that covers eye exams?
1.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Address _____ Apt. _____

City _____ State _____ Zip _____

Daytime Telephone Number (_____) _____

Please allow 4 to 8 weeks. If you are qualified and a volunteer doctor is available in your area, a letter will be mailed to you with the doctor's name and further instructions.

Return to: VISION USA, 243 N. Lindbergh Blvd., St. Louis, MO 63141-7881 or FAX: (314) 991-4101.