



## Standard Provider Filing Manual

### TABLE OF CONTENTS

#### **GETTING STARTED**

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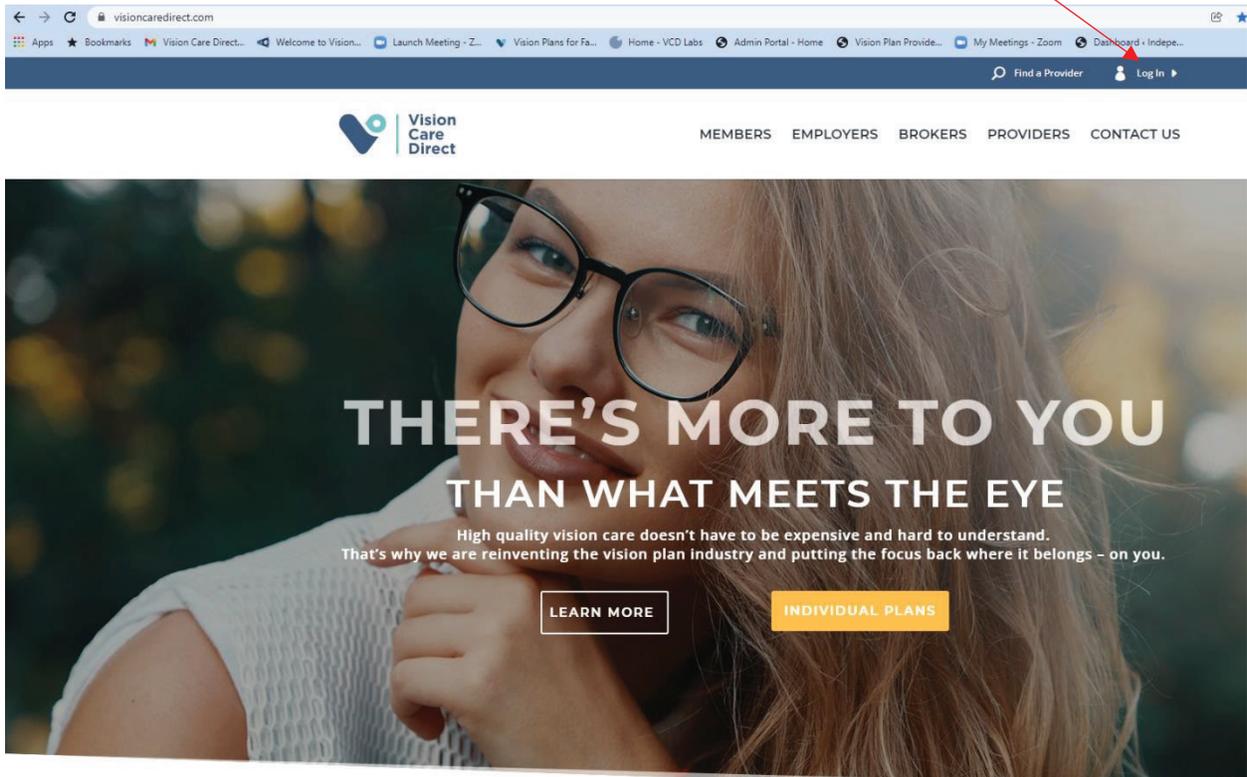
LOGGING IN	1
REQUEST A PAYMENT GLASSES	1-11
CHOOSING THE PLAN FOR FILING	4
ELIGIBILITY	5
DELETING A REQUEST WHEN YOU MAKE AN ERROR	11
PRINTING PATIENT EOB	11
REQUEST A PAYMENT CONTACT LENSES	12-21

## Filing a Request for Payment with Vision Care Direct-Standard Provider

Log in to your account at visioncaredirect.com. Follow the steps outlined by the red arrows and text boxes

Filing for Glasses

Click on the Log in link, choose Provider Log in from the dropdown, enter your username and password and click on Sign In



My Account Check Eligibility **File for Payment** Log out

Click on File for Payment

Tax ID: 43-1234567  
Member Of: VCP Services, Inc

Requests for Payment Doctors Locations Users

Showing requests for payment from the last 1 month

Payment ID: 1548417  
Date of Service: 12/08/2021 Patient: Wayne Batman

Proc Code	Charged	Allowed	Write-Off	Paid By Patient	Paid By Plan
Eye Exam	\$100.00	\$80.00	\$20.00	\$15.00	\$65.00
<b>Total</b>	<b>\$100.00</b>	<b>\$80.00</b>	<b>\$20.00</b>	<b>\$15.00</b>	<b>\$65.00</b>

This window will open

If you have more than one location, click the dropdown caret, click on the location needed for filing

To choose provider click on the drop down caret in the Doctor field and click on the provider who performed the service

Click on Select button to open Search window. Here you will be able to search for the proper patient

Enter First Name, Last Name and Date of Birth OR Member ID. Click on Search

If you enter member ID, the system will show all members tied to that ID if it is the Primary on the account. You can then click on the member you wish to file on and it will highlight that name in yellow. Once you have chosen the member click on the Select button at the bottom of the window

Name	Type	ID	Group	DOB	City
Granny Bird	Child	20534475	CSR Group	8/1/1945	Kansas City, MO
Tweety Bird	Self	20534474	CSR Group	11/2/1970	Kansas City, MO

Organization: **CSR Provider**

Location: CSR Provider - Modern, PLUS - 412 Main, Neodesha

Doctor: Ted Strange, O.D.

Member: **Tweety Bird**

Date of Service:

December 2021

Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

**Next** **Cancel**

You can enter your date of service using the widget or by typing your date using mm/dd/yyyy format



Ted Strange, O.D.  
Tweety Bird  
12/20/2021

[Review Eligibility](#)[File Payment](#) Print Card

Vision Plan:  Gold Exam + Materials 130 PK PLUS (KS)  Platinum Complete 160 - PK

Typically, you will see the eligibility information here. This member has two plans so you must choose the plan you wish to view by clicking the "bubble" next to the plan name. You will be able to toggle between plans as both will render at the top of each eligibility page. Once you click the bubble the plan details will render immediately.

[Previous](#)[Next](#)

On the next page you will see an example of the eligibility page. Note the two plan names at the top of the page. This allows you to go back and forth between plans when members have more than one plan.

Ted Strange, O.D.  
Bugs Bunny  
3/7/2024

[Review Eligibility](#)
[File Payment](#)

- Print Card
- Initial ECP Letter

Gold Complete

EXAMS	Eligible	PLAN ALLOWANCE	MEMBER RESPONSIBILITY
<b>Eye Exam</b> <i>Comprehensive or Intermediate Eye Health Assessment including refraction and dilation when necessary</i>		100% after member responsibility	\$15.00
<b>Flexible Exam Benefit</b> <i>In the event the eye exam is included with another plan, this benefit provides a credit to be used for other services and materials</i>		\$65.00	\$0.00

FRAMES	Eligible	PLAN ALLOWANCE	MEMBER RESPONSIBILITY
<b>Frame</b> <i>As indicated by desired plan toward standard retail price of any frame in the provider's office.</i>		Up to \$130.00	Amount over \$130.00 allowance

SPECTACLE LENSES	Eligible	PLAN ALLOWANCE	MEMBER RESPONSIBILITY
<b>Single Vision</b> <i>Standard single vision lenses in CR-39 plastic Standard AR is included in PLUS provider locations.</i>		100% after member responsibility	\$15.00
<b>Bifocal</b> <i>Standard bifocal (FT-28) lenses in CR-39 plastic Standard AR is included in PLUS provider locations.</i>		100% after member responsibility	\$15.00
<b>Trifocal</b> <i>Standard trifocal (FT-7x28) lenses in CR-39 plastic Standard AR is included in PLUS provider locations.</i>		100% after member responsibility	\$15.00
<b>Progressive</b> <i>Allowance toward digital progressive lenses up to the providers retail charge for trifocal lenses Standard AR is included in PLUS provider locations.</i>		Up to provider's retail price of lined trifocal	\$15.00

ENHANCED BENEFIT AT VCDPLUS LOCATIONS			
<b>Progressive</b> <i>Standard Progressive (no-line multi-focal) lenses in CR-39 yearly</i>		100% after member responsibility	\$15.00
<b>Anti-Reflective Coating</b> <i>Standard anti-reflective coating including scratch resistance and UV protection</i>		100% after member responsibility	\$0.00

LENS FEATURES	Not eligible	PLAN ALLOWANCE	MEMBER RESPONSIBILITY
<b>Polycarbonate for Kids (PK)</b> <i>Polycarbonate lenses for dependent children up to age 18</i> <i>Not eligible due to member's age</i>		100% after member responsibility	\$25.00

CONTACT LENSES	Eligible	PLAN ALLOWANCE	MEMBER RESPONSIBILITY
<b>Contacts</b> <i>In lieu of glasses, allowance can be used toward retail price of elective contact lenses and contact lens fitting fees.</i>		Up to \$130.00	Amount over \$130.00 allowance
<b>Medically Necessary Contacts:</b> <i>Allowance of \$750 toward provider's retail price. The following diagnosis will be considered with appropriate documentation: (1) Aphakia (2) Nystagmus (3) Keratoconus (4) Corneal transplant (5) Corneal dystrophies (6) Anisometropia greater than or equal to 3.00 diopters difference in any meridian based on the spectacle prescription (7) High ametropia greater than or equal to ±10.00 diopters in either eye in any meridian based on the spectacle prescription (8) Irregular astigmatism – Astigmatism in which different parts of the same meridian have different degrees of curvature or the principal meridians are not perpendicular (9) Increase in best corrected visual acuity (BVA) by two lines or more when compared to BVA with spectacles.</i>			

[Previous](#)
[Next](#)

Once you have reviewed the plans click on the Next button



Ted Strange, O.D.  
Tweety Bird  
12/20/2021

Review Eligibility File Payment

Diagnostic Code:

Enter Your diagnosis codes here and click "Go"

This will open the filing interface. You will be able to file all sections of the patient encounter on this page at one time. The next page illustrates the full-page view of this page.

This section of the manual will demonstrate each section of the filing page separately even though all sections are presented on one page and can be completed together.



Ted Strange, O.D.  
Bugs Bunny  
3/1/2024

[Become a VCDPLUS Provider](#)
[Review Eligibility](#)
[File Payment](#)

 Diagnostic Code: 

SELECT	EXAMS	RETAIL PRICE
<input type="checkbox"/>	? <b>Eye Exam</b> Comprehensive or Intermediate Eye Health Assessment including refraction and dilation when necessary	<input type="text"/>
<input type="checkbox"/>	? <b>Flexible Exam Benefit</b> In the event the eye exam is included with another plan, this benefit provides a credit to be used for other services and materials	<input type="text"/>

SELECT	FRAMES	RETAIL PRICE
<input type="checkbox"/>	? <b>Frame</b> As indicated by desired plan toward standard retail price of any frame in the provider's office.	<input type="text"/>

SELECT	SPECTACLE LENSES	price PER LENS
Right Eye <a href="#">Copy from Left Eye</a>		
<input type="checkbox"/>	? <input type="text" value="- PLEASE SELECT -"/>	<input type="text"/>
Left Eye <a href="#">Copy from Right Eye</a>		
<input type="checkbox"/>	? <input type="text" value="- PLEASE SELECT -"/>	<input type="text"/>

SELECT	LENS FEATURES	RETAIL PRICE
<input type="checkbox"/>	? <b>Polycarbonate for Kids (PK)</b> Polycarbonate lenses for dependent children up to age 18	<input type="text"/>

SELECT	CONTACT LENSES	RETAIL PRICE
<input type="checkbox"/>	? <b>Contacts</b> In lieu of glasses, allowance can be used toward retail price of elective contact lenses and contact lens fitting fees.	<input type="text"/>
<input type="checkbox"/>	? <b>Medically Necessary Contacts:</b> Allowance of \$750 toward provider's retail price. To receive prior authorization, please send an HCFA 1500 form and supporting documentation (including but not limited to examination findings and corneal topography) to Vision Care Direct via email at admin@visioncaredirect.com or fax to (844) 810-8643.	<input type="text"/>
<input type="checkbox"/>	? <b>Contact Lens Fitting</b> Includes instruction and training of the wearer, and incidental revision of the lens during the training period. Contact lens allowance can be used toward retail price of contact lens fitting fees.	<input type="text"/>

SELECT	NON-COVERED ITEMS	UNITS	RETAIL PRICE
<input type="checkbox"/>	<input type="text" value="None"/>	2	<input type="text"/>
<input type="checkbox"/>	<input type="text" value="None"/>	2	<input type="text"/>
<input type="checkbox"/>	<input type="text" value="None"/>	2	<input type="text"/>
<input type="checkbox"/>	<input type="text" value="None"/>	2	<input type="text"/>
<input type="checkbox"/>	<input type="text" value="None"/>	2	<input type="text"/>
<input type="checkbox"/>	<input type="text" value="None"/>	2	<input type="text"/>
<input type="checkbox"/>	<input type="text" value="None"/>	2	<input type="text"/>
<input type="checkbox"/>	<input type="text" value="None"/>	2	<input type="text"/>

[Previous](#)
[Next](#)

1. Click in the box next to **Eye Exam** or Flexible Exam Benefit and then enter UCR charge in the Retail Price Column. **Flexible Exam Benefit** will not allow an entry. It pays the same in all circumstances.

SELECT	EXAMS	RETAIL PRICE
<input checked="" type="checkbox"/>	<input type="checkbox"/> EYE EXAM <i>Comprehensive or Intermediate Eye Health Assessment including refraction and dilation when necessary</i>	150.00
<input type="checkbox"/>	<input type="checkbox"/> FLEXIBLE EXAM BENEFIT <i>In the event the eye exam is included with another plan, this benefit provides a credit to be used for other services and materials</i>	

2. If you provide **Retinal Photography**, click in the box in the select column and enter your UCR

SELECT	OTHER SERVICES	RETAIL PRICE
<input checked="" type="checkbox"/>	<input type="checkbox"/> RETINAL PHOTOGRAPHY <i>Routine Screening Retinal Photography (both eyes)</i>	50.00

3. To file the **Frame**, click in the box in the select column and enter your UCR

SELECT	FRAMES	RETAIL PRICE
<input checked="" type="checkbox"/>	<input type="checkbox"/> FRAME <i>As indicated by desired plan toward standard retail price of any frame in the provider's office.</i>	150.00

See next page for lens filing

First click on the small box in the Select column. Click on the dropdown to choose lens type

Enter the UCR charge PER LENS for a trifocal in the Retail Price column.

Now Enter the PER LENS UCR for the Progressive lens you have supplied in the No-line charge field

SELECT	SPECTACLE LENSES		price PER LENS	
Right Eye				
<input checked="" type="checkbox"/>	<input type="text" value="NO-LINE BIFOCAL / TRIFOCAL LENS"/>	Standard Trifocal	TF	50.00
		No-line Charges	PAL	125.00
Left Eye				
<input checked="" type="checkbox"/>	<input type="text" value="NO-LINE BIFOCAL / TRIFOCAL LENS"/>	Standard Trifocal	TF	60.00
		No-line Charges	PAL	125.00

Repeat the process for the Left Eye.

To file for lens enhancements not covered by the plan, click on the small box in the Select Column

Click on the dropdown to choose your enhancements

Enter PER Pair price in Retail Price Column since there are 2 units.

SELECT	MISCELLANEOUS	UNITS	RETAIL PRICE
<input checked="" type="checkbox"/>	Anti-Reflection Coating	2	60.00
<input checked="" type="checkbox"/>	High Index	2	60.00
<input type="checkbox"/>	None	2	
<input type="checkbox"/>	None	2	

For any procedures/materials that cannot be recorded by the choices above

SELECT	PROCEDURE CODE	DESCRIPTION	UNITS	RETAIL PRICE
<input checked="" type="checkbox"/>	92081	Visual Fields	2	60.00
<input type="checkbox"/>			2	
<input type="checkbox"/>			2	
<input type="checkbox"/>			2	

Previous

Next

For non-covered services that are not in the dropdown in miscellaneous section add them above by entering the code and description.

Enter UCR for both eyes since 2 units are indicated. If you need only one unit, you can change the unit to 1 and then enter the per eye price.

When finished, click next.

You are now viewing the File for Payment Preview Window. This allows you to double check your work before proceeding. If everything looks good and you are happy, click on the “Submit Request for Payment” button at the bottom. If you find a mistake, click on “Cancel” and you will return to the filing page where you can correct any errors without starting over.

✕
File for Payment Preview

MEMBER ID: 20534474		DOCTOR	
Name	Tweety Bird	Name	Ted Strange, O.D.
Plan Name	Gold Exam + Materials 130 PK PLUS (KS)	Provider	CSR Provider
Group	CSR Group	Tax ID	431234567
IPA	VCP Services, Inc	Phone	801.875.2099
Date of Service	12/20/2021	Location	CSR Provider - Modern, non PLUS
Date Submitted	12/23/2021	Address	7751 North Mountain View Road
Diagnosis	na		Lake Point UT 84074

Benefit Type	CHARGED	ALLOWED	WRITE OFF	PAID BY PATIENT	PAID BY PLAN
Eye Exam	\$150.00	\$80.00	\$70.00	\$15.00	\$65.00
Retinal Photography	\$50.00	\$39.00	\$11.00	\$39.00	\$0.00
Trifocal <span style="float: right; font-size: 0.8em; color: #00aaff;">RT</span>	\$50.00	\$50.00	\$0.00	\$7.50	\$42.50
Progressive <span style="float: right; font-size: 0.8em; color: #00aaff;">RT</span>	\$75.00	\$75.00	\$0.00	\$75.00	\$0.00
Trifocal <span style="float: right; font-size: 0.8em; color: #00aaff;">LT</span>	\$50.00	\$50.00	\$0.00	\$7.50	\$42.50
Progressive <span style="float: right; font-size: 0.8em; color: #00aaff;">LT</span>	\$75.00	\$75.00	\$0.00	\$75.00	\$0.00
Anti-Reflection Coating	\$60.00	\$60.00	\$0.00	\$60.00	\$0.00
High Index	\$60.00	\$60.00	\$0.00	\$60.00	\$0.00
92081	\$60.00	\$60.00	\$0.00	\$60.00	\$0.00
Total	\$630.00	\$549.00	\$81.00	\$399.00	\$150.00

Submit Request for Payment
Cancel

Once you click on “Submit Request for Payment” button, the system will take you to the Explanation of Benefits Page. This is basically the same information found on the Preview page.

You will be able to print the page for your records. This is an INTERNAL document only designed for your use. You will have the ability to print or save what we call a “patient friendly EOB” by clicking on administrative options at the bottom of the EOB page.

## Explanation of Benefits

Print or Save by Clicking the Icon  Print

Plan Name	Gold Exam + Materials 130 PK PLUS (KS)
Group	CSR Group
IPA	VCP Services, Inc
Date of Service	12/20/2021
Date Submitted	12/23/2021
Diagnosis	na

Provider	CSR Provider
Tax ID	431234567
Phone	801.875.2099
Location	CSR Provider - Modern, non PLUS
Address	7751 North Mountain View Road Lake Point UT 84074

Benefit Type	CHARGED	ALLOWED	WRITE OFF	PAID BY PATIENT	PAID BY PLAN
Eye Exam	\$150.00	\$80.00	\$70.00	\$15.00	\$65.00
Retinal Photography	\$50.00	\$39.00	\$11.00	\$39.00	\$0.00
Trifocal RT	\$50.00	\$50.00	\$0.00	\$7.50	\$42.50
Progressive RT	\$75.00	\$75.00	\$0.00	\$75.00	\$0.00
Trifocal LT	\$50.00	\$50.00	\$0.00	\$7.50	\$42.50
Progressive LT	\$75.00	\$75.00	\$0.00	\$75.00	\$0.00
Anti-Reflection Coating	\$60.00	\$60.00	\$0.00	\$60.00	\$0.00
High Index	\$60.00	\$60.00	\$0.00	\$60.00	\$0.00
92081	\$60.00	\$60.00	\$0.00	\$60.00	\$0.00
<b>Total</b>	<b>\$630.00</b>	<b>\$549.00</b>	<b>\$81.00</b>	<b>\$399.00</b>	<b>\$150.00</b>

### Notes

- I. Member Fee at Time of Service (if any) are included in the 'Paid by Patient' column.
- II. Vision Care Direct has not paid this request yet (as of 12/23/2021)

Administrative Options...

When you click here the options window below opens

Patient Explanation of Payments **View**

Delete This Request for Payment **Delete**

To view Patient EOB click here

To Delete your request and start form scratch click on the Delete button. You will only be able to delete requests that have not been paid. See the note above the Administrative Options link. If you need to correct a request that has already been paid call 877.488.8900 or send us an email at admin@visioncaredirect.com.

If you have questions or need assistance, please call **877-488-8900** or email us at **admin@visioncaredirect.com**

## Filing a Request for Payment for Contact Lenses with Vision Care Direct-Standard Provider

Log in to your account at visioncaredirect.com. Follow the steps outlined by the red arrows and text boxes

Click on the Log in link, choose Provider Log in from the dropdown, enter your username and password and click on Sign In

visioncaredirect.com

MEMBERS EMPLOYERS BROKERS PROVIDERS CONTACT US

**THERE'S MORE TO YOU  
THAN WHAT MEETS THE EYE**

High quality vision care doesn't have to be expensive and hard to understand.  
That's why we are reinventing the vision plan industry and putting the focus back where it belongs - on you.

LEARN MORE INDIVIDUAL PLANS

My Account Check Eligibility **File for Payment** Log out

Click on File for Payment

Tax ID: 43-1234567  
Member Of: VCP Services, Inc

CSR Provider

7751 Mountain View Rd  
Tooele UT 84074  
801.875.2099  
shawn.fenus@visioncaredirect.com

Requests for Payment Doctors Locations Users

Showing requests for payment from the last 1 month

Payment ID: 1548417  
Date of Service: 12/08/2021 Patient: Wayne Batman

Proc Code	Charged	Allowed	Write-Off	Paid By Patient	Paid By Plan
Eye Exam	\$100.00	\$80.00	\$20.00	\$15.00	\$65.00
<b>Total</b>	<b>\$100.00</b>	<b>\$80.00</b>	<b>\$20.00</b>	<b>\$15.00</b>	<b>\$65.00</b>

This window will open

If you have more than one location, click the dropdown caret, click on the location needed for filing

To choose provider click on the drop down caret in the Doctor field and click on the provider who performed the service

Click on Select button to open Search window. Here you will be able to search for the proper patient

Enter First Name, Last Name and Date of Birth OR Member ID. Click on Search

If you enter member ID, the system will show all members tied to that ID if it is the Primary on the account. You can then click on the member you wish to file on and it will highlight that name in yellow. Once you have chosen the member click on the Select button at the bottom of the window

Name	Type	ID	Group	DOB	City
Granny Bird	Child	20534475	CSR Group	8/1/1945	Kansas City, MO
Tweety Bird	Self	20534474	CSR Group	11/2/1970	Kansas City, MO

**File for Payment**

Organization: **CSR Provider**

Location: CSR Provider - Modern, PLUS - 412 Main, Neodesha

Doctor: Ted Strange, O.D.

Member: **Tweety Bird**

Date of Service:

**Next** **Cancel**

**You can enter your date of service using the widget or by typing your date using mm/dd/yyyy format**



Ted Strange, O.D.  
Tweety Bird  
12/20/2021

[Review Eligibility](#)[File Payment](#) Print Card

Vision Plan:  Gold Exam + Materials 130 PK PLUS (KS)  Platinum Complete 160 - PK

Typically, you will see the eligibility information here. This member has two plans so you must choose the plan you wish to view by clicking the "bubble" next to the plan name. You will be able to toggle between plans as both will render at the top of each eligibility page. Once you click the bubble the plan details will render immediately.

[Previous](#)[Next](#)

On the next page you will see an example of the eligibility page. Note the two plan names at the top of the page. This allows you to go back and forth between plans when members have more than one plan.

Ted Strange, O.D.  
Twenty Bird  
12/20/2021

Available Plans

Review Eligibility File Payment

Print Card

Vision Plan:  Gold Exam + Materials 130 PK PLUS (KS)  Platinum Complete 160 - PK

EXAMS	Eligible until 11/23/2022	PLAN ALLOWANCE	MEMBER RESPONSIBILITY
<b>Eye Exam</b> Comprehensive or Intermediate Eye Health Assessment including refraction and dilation when necessary		100% after member responsibility	\$15.00
<b>Flexible Exam Benefit</b> In the event the eye exam is included with another plan, this benefit provides a credit to be used for other services and materials		\$65.00	\$0.00
OTHER SERVICES	Eligible until 12/23/2022	PLAN ALLOWANCE	MEMBER RESPONSIBILITY
<b>Retinal Photography</b> Routine Screening Retinal Photography (both eyes)		100% after member responsibility	\$39.00
FRAMES	Eligible until 11/23/2022	PLAN ALLOWANCE	MEMBER RESPONSIBILITY
<b>Frame</b> As indicated by desired plan toward standard retail price of any frame in the provider's office.		Up to \$130.00	Amount over \$130.00 allowance
SPECTACLE LENSES	Eligible until 11/23/2022	PLAN ALLOWANCE	MEMBER RESPONSIBILITY
<b>Single Vision</b> Standard single vision lenses in CR-39 plastic Standard AR is included in PLUS provider locations.		100% after member responsibility	\$15.00
<b>Bifocal</b> Standard bifocal (FT-20) lenses in CR-39 plastic Standard AR is included in PLUS provider locations.		100% after member responsibility	\$15.00
<b>Trifocal</b> Standard trifocal (FT-7x20) lenses in CR-39 plastic Standard AR is included in PLUS provider locations.		100% after member responsibility	\$15.00
<b>Progressive</b> Allowance toward progressive lenses up to the providers retail charge for trifocal lenses Standard AR is included in PLUS provider locations.		Up to provider's retail price of lined trifocal	\$15.00 + Amount over allowance
ENHANCED BENEFIT AT VCDPLUS LOCATIONS <span style="float: right;"><b>VCDPLUS</b></span>			
<b>Progressive</b> Standard Progressive (no-line multi-focal) lenses in CR-39 yearly		100% after member responsibility	\$15.00
<b>Anti-Reflective Coating</b> Standard anti-reflective coating including scratch resistance and UV protection		100% after member responsibility	\$0.00
LENS FEATURES	Not eligible	PLAN ALLOWANCE	MEMBER RESPONSIBILITY
<b>Polyarbonate for Kids (PK)</b> Polycarbonate lenses for dependent children up to age 18 Not eligible because of member age		100% after member responsibility	\$25.00
CONTACT LENSES	Eligible until 11/23/2022	PLAN ALLOWANCE	MEMBER RESPONSIBILITY
<b>Elective:</b> Contacts: in lieu of frames and spectacle lenses. Allowance can be used toward retail price of elective contact lenses and contact lens fitting fees.		Up to \$130.00	Amount over \$130.00 allowance
<b>Contact Fittings</b> Soft Spherical Fitting: Member pays maximum of \$60 Soft Toric or Rigid Gas Permeable Fitting: Member pays maximum of \$100 Soft Multi-focal or Gas Permeable Multi-focal Fitting: Member pays maximum of \$150 Soft Toric Multi-focal or Rigid Toric Gas Permeable Fitting: Member pays maximum of \$200			
<b>Medically Necessary Contacts:</b> Allowance \$750- Requires prior authorization from the Vision Care Direct Medical Director. To receive authorization, please email admin@visioncaredirect.com Contacts: in lieu of frames and spectacle lenses. Allowance can be used toward retail price of elective contact lenses and contact lens fitting fees.			

Retinal Photos currently available in select states only

Contact Lens Fitting Levels currently available in select states only

Previous Next

Once you have reviewed the plans click on the Next button.



Ted Strange, O.D.  
Tweety Bird  
12/20/2021

Review Eligibility File Payment

Diagnostic Code:

Enter Your diagnosis codes here and click "Go"

This will open the filing interface. You will be able to file all sections of the patient encounter on this page at one time. The next page illustrates the full-page view of this page.

This section of the manual will demonstrate each section of the filing page separately even though all sections are presented on one page and can be completed together.

Ted Strange, O.D.  
 Tweety Bird  
 12/20/2021

[Review Eligibility](#) [File Payment](#)

 Diagnostic Code: 

SELECT	EXAMS	RETAIL PRICE
<input type="checkbox"/>	<input type="checkbox"/> <b>EYE EXAM</b> Comprehensive or Intermediate Eye Health Assessment including refraction and dilation when necessary	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/> <b>FLEXIBLE EXAM BENEFIT</b> In the event the eye exam is included with another plan, this benefit provides a credit to be used for other services and materials	

SELECT	OTHER SERVICES	RETAIL PRICE
<input type="checkbox"/>	<input type="checkbox"/> <b>RETINAL PHOTOGRAPHY</b> Routine Screening/Retinal Photography (both eyes)	<input type="text"/>

SELECT	FRAMES	RETAIL PRICE
<input type="checkbox"/>	<input type="checkbox"/> <b>FRAME</b> As indicated by desired plan toward standard retail price of any frame in the provider's office.	<input type="text"/>

SELECT	SPECTACLE LENSES	price PER LENS
Right Eye		
<input type="checkbox"/>	<input type="checkbox"/> <b>SPECTACLE LENSES</b> <input type="text" value="- PLEASE SELECT -"/>	<input type="text"/>
Left Eye		
<input type="checkbox"/>	<input type="checkbox"/> <b>SPECTACLE LENSES</b> <input type="text" value="- PLEASE SELECT -"/>	<input type="text"/>

SELECT	CONTACT LENSES	RETAIL PRICE
<input type="checkbox"/>	<input type="checkbox"/> <b>ELECTIVE: (V2500 - V2599):</b> Contacts: in lieu of frames and spectacle lenses. Allowance can be used toward retail price of elective contact lenses and contact lens fitting fees.	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/> <b>SOFT SPHERICAL FITTING</b> Level 1: Member pays Maximum of \$50	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/> <b>SOFT TORIC OR RIGID GAS PERMEABLE FITTING</b> Level 2: Member pays Maximum of \$100	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/> <b>SOFT MULTI-FOCAL OR GAS PERMEABLE MULTI-FOCAL FITTING.</b> Level 3: Member pays Maximum of \$160	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/> <b>SOFT MULTI-FOCAL TORIC OR GAS PERMEABLE BI-TORIC FITTING.</b> Level 4: Member pays Maximum of \$200	<input type="text"/>

SELECT	MISCELLANEOUS	UNITS	RETAIL PRICE
<input type="checkbox"/>	None <input type="text"/>	2	<input type="text"/>
<input type="checkbox"/>	None <input type="text"/>	2	<input type="text"/>
<input type="checkbox"/>	None <input type="text"/>	2	<input type="text"/>
<input type="checkbox"/>	None <input type="text"/>	2	<input type="text"/>

For any procedures/materials that cannot be recorded by the choices above

SELECT	PROCEDURE CODE	DESCRIPTION	UNITS	RETAIL PRICE
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	2	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	2	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	2	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	2	<input type="text"/>

[Previous](#)
[Next](#)

Retinal Photos currently available in select states only

Contact Lens Fitting Levels currently available in select states only

This section of the manual will demonstrate each section of the filing page separately even though all sections are presented on one page and can be completed together.

Click in the box next to **Eye Exam** or Flexible Exam Benefit and then enter UCR charge in the Retail Price Column.  
**Flexible exam Benefit** will not allow an entry. It pays the same in all circumstances.

SELECT	EXAMS	RETAIL PRICE
<input checked="" type="checkbox"/>	<input type="checkbox"/> EYE EXAM <i>Comprehensive or Intermediate Eye Health Assessment including refraction and dilation when necessary</i>	150.00
<input type="checkbox"/>	<input type="checkbox"/> FLEXIBLE EXAM BENEFIT <i>In the event the eye exam is included with another plan, this benefit provides a credit to be used for other services and materials</i>	

If you provide **Retinal Photography**, click in the box in the select column and enter your UCR

SELECT	OTHER SERVICES	RETAIL PRICE
<input checked="" type="checkbox"/>	<input type="checkbox"/> RETINAL PHOTOGRAPHY <i>Routine Screening Retinal Photography (both eyes)</i>	50.00

Click on the box in the Select column and enter your UCR for contact lens materials in the Retail Price column.

Click on the box in the Select column and enter your UCR for contact lens fitting in the Retail Price column

SELECT	CONTACT LENSES	RETAIL PRICE
<input checked="" type="checkbox"/>	<input type="checkbox"/> ELECTIVE: (V2500 - V2599): <i>Contacts: in lieu of frames and spectacle lenses. Allowance can be used toward retail price of elective contact lenses and contact lens fitting fees.</i>	100.00
<input checked="" type="checkbox"/>	<input type="checkbox"/> SOFT SPHERICAL FITTING <i>Level 1: Member pays Maximum of \$60</i>	70.00
<input type="checkbox"/>	<input type="checkbox"/> SOFT TORIC OR RIGID GAS PERMEABLE FITTING <i>Level 2: Member pays Maximum of \$100</i>	
<input type="checkbox"/>	<input type="checkbox"/> SOFT MULTI-FOCAL OR GAS PERMEABLE MULTI-FOCAL FITTING. <i>Level 3: Member pays Maximum of \$150</i>	
<input type="checkbox"/>	<input type="checkbox"/> SOFT MULTI-FOCAL TORIC OR GAS PERMEABLE BI-TORIC FITTING. <i>Level 4: Member pays Maximum of \$200</i>	

Once you have completed your filing, click on the "Next: Button.

This will open a File for Payment Preview window that will allow you to review what you have done before submitting.

File for Payment Preview

<b>MEMBER ID: 20534474</b> Name: <a href="#">Tweety Bird</a> Plan Name: Gold Exam + Materials 130 PK PLUS (KS) Group: <a href="#">CSR Group</a> IPA: <a href="#">VCP Services, Inc</a> Date of Service: 12/20/2021 Date Submitted: 12/20/2021 Diagnosis: na	<b>DOCTOR</b> Name: Ted Strange, O.D. Provider: <a href="#">CSR Provider</a> Tax ID: 431234567 Phone: 480.322.2934 Location: <a href="#">CSR Provider - Modern, PLUS</a> Address: 412 Main Suite A Neodesha KS 66757
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Benefit Type	CHARGED	ALLOWED	WRITE OFF	PAID BY PATIENT	PAID BY PLAN
Eye Exam	\$150.00	\$80.00	\$70.00	\$15.00	\$65.00
Retinal Photography	\$50.00	\$39.00	\$11.00	\$39.00	\$0.00
Elective: (V2500 - V2599):	\$100.00	\$100.00	\$0.00	\$0.00	\$100.00
Soft Spherical Fitting	\$70.00	\$60.00	\$10.00	\$30.00	\$30.00
<b>Total</b>	<b>\$370.00</b>	<b>\$279.00</b>	<b>\$91.00</b>	<b>\$84.00</b>	<b>\$195.00</b>

Submit Request for Payment
Cancel

Once you have reviewed what you have entered, click on the "Submit Request for Payment" button. This will take you to the Explanation of Benefits page. THIS PAGE IS FOR YOUR USE ONLY. To provide an EOB for your patient, you can click on the Administrative Options link at the bottom of the page

[My Account](#)
[Check Eligibility](#)
[File for Payment](#)
[Log out](#)

## Explanation of Benefits Print

<b>MEMBER ID: 20534474</b> <b>PAYMENT ID: 1552308</b> Name: <a href="#">Tweety Bird</a> Plan Name: Gold Exam + Materials 130 PK PLUS (KS) Group: <a href="#">CSR Group</a> IPA: <a href="#">VCP Services, Inc</a> Date of Service: 12/20/2021 Date Submitted: 12/20/2021 Diagnosis: na	<b>DOCTOR</b> Name: Ted Strange, O.D. Provider: <a href="#">CSR Provider</a> Tax ID: 431234567 Phone: 480.322.2934 Location: <a href="#">CSR Provider - Modern, PLUS</a> Address: 412 Main Suite A Neodesha KS 66757
---	---

Benefit Type	CHARGED	ALLOWED	WRITE OFF	PAID BY PATIENT	PAID BY PLAN
Eye Exam	\$150.00	\$80.00	\$70.00	\$15.00	\$65.00
Retinal Photography	\$50.00	\$39.00	\$11.00	\$39.00	\$0.00
Elective: (V2500 - V2599):	\$100.00	\$100.00	\$0.00	\$0.00	\$100.00
Soft Spherical Fitting	\$70.00	\$60.00	\$10.00	\$30.00	\$30.00
<b>Total</b>	<b>\$370.00</b>	<b>\$279.00</b>	<b>\$91.00</b>	<b>\$84.00</b>	<b>\$195.00</b>

Notes

I. Member Fee at Time of Service (if any) are included in the 'Paid by Patient' column.

II. Vision Care Direct has not paid this request yet (as of 12/20/2021)

[Administrative Options](#)
←

After clicking on Administrative Options link additional information will display at the bottom of the page

Administrative Options...

Patient Explanation of Payments	<b>View</b>
Delete This Request for Payment	<b>Delete</b>

To view the patient Explanation of Payments, click on this button

To delete this request for payment and start over, click here.



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Explanation of Benefits

to print or save this document click here



MEMBER ID: 20534474		PAYMENT ID: 1552816	
Name	Tweety Bird		
Plan Name	Gold Exam + Materials 130 PK PLUS (KS)		
Group	CSR Group		
IPA	VCP Services, Inc		
Date of Service	12/20/2021		
Date Submitted	12/21/2021		
Diagnosis	na		

DOCTOR	
Name	Ted Strange, O.D.
Provider	CSR Provider
Tax ID	431234567
Phone	480.322.2934
Location	CSR Provider - Modern, PLUS
Address	412 Main Suite A Neodesha KS 66757

Benefit Type	CHARGED	PAID BY PATIENT
Eye Exam	\$150.00	\$15.00
Retinal Photography	\$50.00	\$39.00
Elective: (V2500 - V2599):	\$100.00	\$0.00
Soft Spherical Fitting	\$70.00	\$30.00
<b>Total</b>	<b>\$370.00</b>	<b>\$84.00</b>

If you have questions or need assistance, please call **877-488-8900** or email us at **admin@visioncaredirect.com**