

Example Patient Record Report

Please note the **red box** below. This is where you can see if a VSP patient has enhanced coverage through VSP PremierMax™.

| Patient Record | Lens Enhancement Charges | VSP Savings Statement | Service Report | CMS Service Report | Packing Slip | PCP Form | Lab Service Report | Patient History | | |
|---|--------------------------|---|----------------|---|--------------|---|--------------------------|---|-----------------|---|
| <input type="button" value="Print"/> <input type="button" value="Close"/> | | | | | | | | | | |
| VSP PATIENT RECORD REPORT | | | | | | | | | | |
| PATIENT IDENTIFICATION | | | | | | | | | | |
| Patient Name | | | | Auth# | | | | | | |
| Relationship Member | | | | Auth Eff Date | | | | | | |
| Member Name | | | | Auth Exp Date | | | | | | |
| | | | | Birth Date | | | | | | |
| EYE HEALTH MANAGEMENT CONDITIONS (check all that apply) | | | | | | | | | | |
| <input type="checkbox"/> DIABETES <input type="checkbox"/> DIABETIC RETIN <input type="checkbox"/> HYPERTENSION <input type="checkbox"/> HIGH CHOLESTEROL <input type="checkbox"/> NONE | | | | | | | | | | |
| <input type="checkbox"/> HIGH RISK FOR PREDIABETES <input type="checkbox"/> DILATION PERFORMED <input type="checkbox"/> PCP COMMUNICATION COMPLETED/PLANNED | | | | | | | | | | |
| PATIENT COVERAGE | | | | | | | | | | |
| Eligibility | Exam/Prof Svcs | Yes | Lens | Yes | Frame | Yes | Contact Lens Exam | Yes | Contacts | Yes |
| Interim Benefits <i>Client has interim benefits, contact VSP for authorization and eligibility.</i> | | | | | | | | | | |
| Service Freq | Exam | <i>Every year beginning in January.</i> | Lens | <i>Every year beginning in January.</i> | Frame | <i>Every year beginning in January.</i> | Contact Lens Exam | <i>Every year beginning in January.</i> | Contacts | <i>Every year beginning in January.</i> |
| Benefit <i>VSP Choice Plan</i> Client Name | | | | | | | | | | |
| <i>VSP PremierMax™ Member - enhanced coverage at Premier Edge™ locations.</i> | | | | | | | | | | |
| Network <i>Choice</i> Lab Use <i>Must use plan designated contract laboratory.</i> | | | | | | | | | | |
| Coordination of Benefits <i>COB rule 2: If both members are covered by the same client, children are covered only under one parent's plan. COB can't be applied and the child may only receive one set of services. This applies both to biological parents and step-parents.</i> | | | | | | | | | | |
| Essential Medical Eye Care Exam Copay <i>\$0</i> | | | | | | | | | | |
| <i>Patients with diabetes (without diabetic eye disease) receive covered-in-full retinal screening. Patients with diabetes, glaucoma, or AMD may be eligible for additional exams and services. All patients may be eligible for medical eyecare services for non-chronic conditions. Criteria applies, see VSP Manual.</i> | | | | | | | | | | |
| Routine Retinal Screening <i>Charge the lesser of \$39.00 or U&C</i> | | | | | | | | | | |
| PLAN DETAILS | | | | | | | | | | |
| Co-payments Exam <i>\$0</i> Lens <i>\$0</i> Frame <i>\$0</i> Contacts <i>\$0</i> | | | | | | | | | | |
| <i>Copay does not apply to NCL.</i> | | | | | | | | | | |
| Frame Allowance <i>WFA96 \$250.00 for Altair/Marchon frames. Patient receives 20% savings on frame coverage.</i> | | | | | | | | | | |
| <i>WFA76 \$200.00 for non-Altair/Marchon frames. Patient receives 20% savings on frame coverage.</i> | | | | | | | | | | |
| VSP LightCare <i>Patient may choose non-prescription, ready-made sunglasses or blue light filtering glasses instead of prescription glasses or contact lenses. This will exhaust both lens and frame benefits. See VSP Manual.</i> | | | | | | | | | | |
| Contacts <i>Routine eye exam covered.</i> | | | | | | | | | | |
| CL Exam Services <i>Charge the lesser of \$55 copay or 85% U&C.</i> | | | | | | | | | | |
| CL Materials <i>\$150.00</i> | | | | | | | | | | |
| <i>Contacts are instead of [lens, frame].</i> | | | | | | | | | | |
| Necessary Contact Lenses <i>Criteria applies; see VSP Manual. Copay \$0.</i> | | | | | | | | | | |
| Low Vision <i>Criteria Applies see VSP Manual.</i> | | | | | | | | | | |
| Value Added Benefits <i>20% complete additional pair of glasses, including non-prescription plano sunglasses and blue light filtering glasses, from a VSP doctor within 12 months of routine exam.</i> | | | | | | | | | | |
| <i>15% contact lens exam services from a VSP doctor for 12 months on or following date of routine exam.</i> | | | | | | | | | | |