

tips

how to speed claims processing

part 1 – employee

Missing or incomplete information will slow down claims processing. To avoid this, please be sure to include:

#2 Patient birthdate

Helps identify an insured and determine dependent eligibility.

#6 Employee’s identification number

This is the most important identifier for the plan member.

#8 Student status

Because this information often changes, it is required on every claim for dependents age 19 years and older.

#11 and #12 Coordination of benefits

The No box under #11 should be checked if no other **eye care** coverage exists. If there is other eye care coverage, the additional information requested is necessary for coordination of benefits.

#21 and #22 LASIK/PRK

If LASIK or PRK, please make sure your eye care provider marks the Yes box under #21, and includes description of services, procedure code, which eye (left, right or both), and the fee for each eye in the Examination and Treatment Record.

part 2 – eye care provider

To help expedite the claims process, please be sure to include:

#16 National Provider Identifier

There are two types of NPI. Type 1 is for individual providers who operate independently. Type 2 is for health care providers such as group practices or corporations. Type 2 organization providers may want their individual provider employees to have Type 1 NPIs to distinguish them individually.

#20 Statement of actual services, or Pretreatment estimate
Appropriate box should be marked to ensure correct handling.

NOTE: If there are two different providers (one for the exam, another for eyewear), we request that each provider submit a separate claim form.

abbreviations	
VE	vision exam
FR	frame
SV	single vision lenses
BI	bifocal lenses
TR	trifocal lenses
LE	lenticular lenses
PP	progressive lenses
CD	contacts
CN	necessary contacts
CC	cosmetic contacts

pretreatment estimate of benefits

We recommend a pretreatment estimate of benefits when a plan member considers the services to be expensive. A pretreatment estimate lets both the member and eye care provider know in advance how much insurance will pay. If eye care coverage terminates for any reason during treatment, only procedures performed before coverage ended will be eligible for payment.

For full information regarding coverage, plan members may refer to their insurance plan booklet.

website

Visit our website for benefit information, electronic forms, a list of eye care providers if your plan includes a network, and more. Please note, the free software Adobe Reader® (available through the internet) is needed to view and print the electronic forms.