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PRACTICE MANAGEMENT

ELECTRONIC HEALTH RECORDS

BUSINESS SOLUTIONS

EDUCATION & SUPPORT

STRATEGIC PARTNERS

LOGIN

Search



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Resource Center

Your well-being is at t

This inset screenshot shows a portion of the Eyefinity website header. It includes the Eyefinity logo, the 'PRACTICE MANAGEMENT' and 'ELECTRONIC HEALTH RECORDS' menu items, and the top part of the green banner with the text 'Your well-being is at t'.

eyefinity


Welcome AV COLUMBIA



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Message Center

Check Email: 

eBuy: 0 pending

Comm/Gov Claims: 0 new | 0 total
0 saved | 0 rejected

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[Get Authorizations & Check Eligibility](#)

[File Claims](#)

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FIND WHAT YOU NEED.



VSPOnline
Track VSP Claims
Track Outstanding Authorizations

Member Search

First Name: SUBSCRIBER FIRST NAME Last Name: SUBSCRIBER LAST NAME

DOB: MM/DD/YYYY /dd/yyyy

Member ID: Last 4 SSN XXXX or Full ID Only XXX-XX-XXXX As of Date 06/25/2020 mm/dd/yyyy

Reset Search [Valid Search Combinations](#)

Keyword is "OR" – You can search by First Name/Last Name, DOB and Last 4 of SSN **OR** Full ID Only

Name	DOB*	ID Last 4	
SUBSCRIBER NAME	05/30/XXXX	XXXX	VIS171 - ADMIN

1 Results Found

* For member privacy, the birth year is omitted.



VSP Online
 Track VSP Claims
 Track Outstanding Authorizations

Member Name: SUBSCRIBER NAME

This is a *Commercial patient*. *This eligibility transaction is HIPAA compliant*
 Member and family are covered under this plan.

Retrieve or Delete an Existing Authorization

Auth #	Name (Last, First)	Auth Type	Expires
<input type="radio"/> 27180326	SUBSCRIBER NAME	Signature	07/25/2020

Select an authorization using the radio buttons above and then use the buttons below.
 If your authorization does not appear, click 'Refresh'

To replace authorization: Select the authorization # and select delete. You will then need to issue a new authorization.

View Coverage Summary and Authorize

Name (Last, First)	Relation	Date of Birth
Patient Names are Listed Here	Member	Always verify Date of Birth Listed Here for Each Patient
Verify to Select the Correct Patient	Child	
*If plan is Member + Family and you do not see the family member listed, you may be able to add the patient below.	Child	
	Child	

isted above, enter the required information below, then click 'View Plans and Authorize'.

Last Name	First Name	Relationship	DOB (mm/dd/ccyy)
- Last Name -	- First Name -	- Select Relation -	- mm/dd/ccyy -



- VSP Online
- Track VSP Claims
- Track Outstanding Authorizations

Coverage Summary

To view eligibility for past Date of Service, enter date and click on the Update button

For Date of Service:

(mm/dd/ccyy)

Patient Name: SUBSCRIBER NAME

Print VSP Plan Summary to give to your patient.

Signature hide Δ					
	All Services	Exam	Lens	Frame	Contact Lens
Availability		Yes	Yes	Yes	Yes
Authorize Benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

for Signature Select services to be included in the authorization

Laser Vision Discount Program

Discount Services Only. Laser VisionCare authorizations are only provided to the billing facility.

[\[Return to Member Search\]](#) [\[Return to Select Patient\]](#)

[Patient Record](#)
[Lens Enhancement Charges](#)
[VSP Savings Statement](#)
[Service Report](#)
[CMS Service Report](#)
[Packing Slip](#)
[PCP Form](#)
[Patient History](#)

[Print](#)
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VSP PATIENT RECORD REPORT

PATIENT IDENTIFICATION

Patient Name **Patient Name** Auth# **27180326**
 Relationship **Member** Auth Eff Date **06/25/2020**
 Member Name **SUBSCRIBER NAME** Auth Exp Date **07/25/2020**
 Birth Date **MM/DD/YYYY**

EYE HEALTH MANAGEMENT CONDITIONS (check all that apply)

- DIABETES
 DIABETIC RETIN
 HYPERTENSION
 HIGH CHOLESTEROL
 NONE
 HIGH RISK FOR PREDIABETES
 DILATION PERFORMED
 PCP COMMUNICATION COMPLETED/PLANNED

PATIENT COVERAGE

Eligibility	Exam/Prof Svcs Yes	Lens Yes	Frame Yes	Contacts Yes
Service Freq	<i>Exam Every 12 months.</i>	<i>Lens Every 12 months.</i>	<i>Frame Every 24 months.</i>	<i>Contacts Every 12 months.</i>

Benefit *VSP Signature Plan®* **Client Name** **Employer/Group Name**
Network *VSP* **Lab Use** *Must use plan designated contract laboratory.*

Coordination of Benefits *COB rule 9: COB isn't allowed. Call VSP at [800.615.1883](tel:800.615.1883) for client exceptions and specific instructions.*

Routine Retinal Screening *Charge the lesser of \$39.00 or U&C*

PLAN DETAILS

Co-payments Exam **\$25.00** Lens **\$0** Frame **\$0** Contacts **\$0**

Copay does not apply to NCL.

Frame Allowance *Extra \$20 promotion on Altair Eyewear/Marchon frames and any other available frame promotions included below:*
WFA65 \$170.00 for Calvin Klein, Calvin Klein Jeans, Cole Haan, Marchon NYC or Pure brand frames through 06/30/2020. Patient receives 20% savings on frame coverage.
WFA57 \$150.00 for Altair Eyewear/Marchon frames. Patient receives 20% savings on frame coverage.
WFA50 \$130.00 for non-Altair Eyewear/Marchon frames. Patient receives 20% savings on frame coverage.

Suns after LVC *Patients who had laser correction surgery can use their frame benefit for non-prescription, ready-made sunglasses.*

Contacts *Routine eye exam covered.*

Exam And Allowance *Take 15% off CL exam services before applying \$130.00 for CL exam services and materials. If patient receives CL exam services only, patient is responsible for CL exam services over \$60.00.*

Contacts are instead of [lens, frame]. If contacts chosen, frame will next be available 06/21.

Necessary Contact Lenses *Criteria applies; see VSP Manual. Copay \$0.*

Low Vision *Criteria Applies see VSP Manual.*

Value Added Benefits *30% complete additional pair of glasses including plano sunglasses from the same VSP doctor on the same day of the routine exam.*

20% complete additional pair of glasses, including plano sunglasses, from a VSP doctor within 12 months of routine exam.

15% contact lens exam services from a VSP doctor for 12 months on or following date of routine exam.

LENS ENHANCEMENT DETAILS (SEE LENS ENHANCEMENT CHARGES TAB)

Covered	Covered with Additional Copay	Covered with Additional Copay
<i>Solid Tints and Plastic Dyes (Pink I & II)</i>	<i>Mirror/Ski Type Coating</i>	<i>Rimless Drill</i>
Covered with Additional Copay	<i>Near Variable Focus</i>	<i>Scratch Resistant Coatings</i>
<i>Anti-Reflective Coatings</i>	<i>Oversize Lenses</i>	<i>Standard Progressives</i>
<i>Aspheric (plastic & digital)</i>	<i>Photochromics</i>	<i>UV Protection</i>
<i>Blended Bifocal</i>	<i>Plastic Dyes (Gradient)</i>	
<i>Custom Progressives (includes Custom Measurements)</i>	<i>Plastic Dyes (Solid color except Pink I & II)</i>	
<i>Edge Treatments</i>	<i>Polarized</i>	
<i>Glass Color Coatings</i>	<i>Polycarbonate</i>	
<i>High Index</i>	<i>Premium Progressives</i>	

Confidential -- Includes Protected Health Information

This information does not guarantee patient eligibility, patient coverage, or payment to providers. Confirmation of eligibility will be determined upon receipt of the claim by VSP.

Patient Record
Lens Enhancement Charges
VSP Savings Statement
Service Report
CMS Service Report
Packing Slip
PCP Form
Patient History
Print
Close

VSP Lens Enhancement Charges		27180326		Single Cost	Multi Cost	Single Cost	Multi Cost
LENSES				LENSES (Continued)			
Aspheric	Covered With Additional Copay			Photochromic	Covered With Additional Copay		
AA - Plastic 1.50 - Aspheric		\$23	\$28	PM - Photochromatics Glass		\$29	\$37
BA - Digital Aspheric Lenses-Plastic		\$40	\$45	PP - Photochromatics Plastic A / Mid-Index		\$70	\$70
Oversize Lenses	Covered With Additional Copay			PR - Photochromatics Plastic B		\$70	\$70
RM - Frames stamped 61mm Eye Size or Greater-Plastic		\$10	\$12	Polarized/Laminated	Covered With Additional Copay		
RN - Frames stamped 61mm Eye Size or Greater-Glass		\$12	\$16	DA - Polarized Plastic A		\$53	\$71
Blended Bifocal	Covered With Additional Copay			DE - Polarized Glass		\$72	\$93
GA - Blended Bifocal Plastic		\$27		FP - Polarized (Progressive F add-on)		\$76	\$76
Standard Progressives	Covered With Additional Copay			JP - Polarized (Progressive J add-on)		\$76	\$76
KA - Progressive K Plastic		\$50		KP - Polarized (Progressive K add-on)		\$76	\$76
KE - Progressive K Glass		\$70		NP - Polarized (Progressive N add-on)		\$76	\$76
Premium Progressives	Covered With Additional Copay			OP - Polarized (Progressive O add-on)		\$76	\$76
N or O category lenses: If you've taken custom measurements on eligible lens and will submit on claim, add CM* charge before subtracting allowance.				UV Protection	Covered With Additional Copay		
FA - Progressive F Plastic		\$90		BV - UV Protection Backside lens		\$10	\$10
FE - Progressive F Glass		\$95		SV - UV Protection		\$14	\$14
JA - Progressive J Plastic		\$80		TINTS			
JE - Progressive J Glass		\$90		Solid Tints and Dyes	Covered With Additional Copay		
Custom Progressives	Covered With Additional Copay			MN - Plastic Dyes (excludes Pink I & II)		\$13	\$13
NA* - Progressive N Plastic		\$160		MR - Glass Tints (excludes Pink I & II & Yellow)		\$30	\$41
QA* - Progressive O Plastic		\$120		Plastic Gradient Dyes	Covered With Additional Copay		
*CM - Custom Measurement		\$10		MP - Plastic Dyes Gradient		\$15	\$15
Polycarbonate	Covered With Additional Copay			COATINGS			
AD - Polycarbonate		\$23	\$28	Scratch Resistant Coating	Covered With Additional Copay		
BD - Polycarbonate (Digital Aspheric add-on)		\$10	\$10	QQ - Scratch Resistant A		\$15	\$15
DD - Polycarbonate (Polarized add-on)		\$27	\$27	QS - Scratch Resistant B		\$29	\$29
FD - Polycarbonate (Progressive F add-on)		\$30		Anti-Reflective Coating	Covered With Additional Copay		
ID - Polycarbonate (Near Variable Focus add-on)		\$17		QM - Anti-Reflective A		\$37	\$37
JD - Polycarbonate (Progressive J add-on)		\$30		QN - Anti-Reflective B		\$51	\$51
KD - Polycarbonate (Progressive K add-on)		\$30		QT - Anti-Reflective C		\$61	\$61
ND - Polycarbonate (Progressive N add-on)		\$30		QV - Anti-Reflective D		\$75	\$75
OD - Polycarbonate (Progressive O add-on)		\$30		Color Coating	Covered With Additional Copay		
High Index	Covered With Additional Copay			MS - Glass Color Coatings Solid		\$38	\$38
AB - High Index Plastic 1.60 & Below/Trivex		\$51	\$55	MT - Glass Color Coatings Gradient		\$42	\$42
AF - High-Index Glass 1.60-1.80 (Clear)		\$55	\$127	Mirror and Ski Type Coating	Covered With Additional Copay		
AH - High-Index Plastic 1.66/1.67		\$76	\$90	QP - Mirror Solid		\$44	\$44
AJ - High-Index Plastic 1.71 & above		\$102		QR - Ski Type		\$50	\$50
BB - Digital Lenses-High Index Plastic 1.60 & Below/Trivex		\$27	\$27	MISCELLANEOUS			
BH - Digital Lenses-High Index Plastic 1.66/1.67		\$56	\$65	Edge Treatments	Covered With Additional Copay		
BJ - Digital Lenses-High Index Plastic 1.70 & Above		\$82		SP - High Luster Edge Polish		\$14	\$14
DB - Polarized Lenses-High Index Plastic 1.60 & Below/Trivex		\$70	\$88	SQ - Edge Coating		\$32	\$32
DH - High-Index Plastic 1.66 (Polarized add-on)		\$82	\$100	Facets	Covered With Additional Copay		
FB - Progressive F - High Index Plastic 1.60 & Below/Trivex		\$42		SR - Facetted Lenses		\$61	\$61
FH - High-Index Plastic 1.66 (Progressive F add-on)		\$72		Rimless Mounting	Covered With Additional Copay		
FJ - High-Index Plastic 1.71 (Progressive F add-on)		\$115		SW - Rimless Drill and Groove		\$30	\$30
IB - Near Variable Focus - High Index Plastic 1.60 & Below/Trivex		\$21		Near Variable Focus	Covered With Additional Copay		
II - Near Variable Focus High-Index Plastic 1.66		\$45		IA - Near Variable Focus Plastic A		\$46	
JB - Progressive J - High Index Plastic 1.60 & Below/Trivex		\$42		Technical Add On	Covered With Additional Copay		
JH - High-Index Plastic 1.66 (Progressive J add-on)		\$72		AE - Technical Add On A		\$10	\$10
JJ - High-Index Plastic 1.71 (Progressive J add-on)		\$115		TA - Technical Add On A		\$10	\$10
KB - Progressive K - High Index Plastic 1.60 & Below/Trivex		\$42					
KH - High-Index Plastic 1.66 (Progressive K add-on)		\$72					
KJ - High-Index Plastic 1.71 (Progressive K add-on)		\$115					
NB - Progressive N - High Index Plastic 1.60 & Below/Trivex		\$42					
NH - High-Index Plastic 1.66 (Progressive N add-on)		\$72					
NJ - High-Index Plastic 1.71 (Progressive N add-on)		\$115					
OB - Progressive O - High Index Plastic 1.60 & Below/Trivex		\$42					
OH - High-Index Plastic 1.66 (Progressive O add-on)		\$72					
OJ - High-Index Plastic 1.71 (Progressive O add-on)		\$115					