Vision Provider Manual

Avēsis
A National Vision and Dental Company

VPM v.07.06

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Dear Avesis Provider:

Avesis would like to take this opportunity to welcome you and your staff as members of our national network of preferred vision providers. We are very pleased you have chosen to participate.

We hope that this Avesis Provider Manual will prove a very useful reference source as you begin to see patients covered by the Avesis vision programs and throughout your relationship with us.

Should you or a member of your staff require assistance beyond what the manual provides there is a handy Contact Information Guide located at the end of this manual.

Thank you again for your participation on our panel of exceptional preferred providers. We look forward with great anticipation to a successful, lasting and mutually gratifying relationship with your practice.

Sincerely,

Avesis Provider Services

Frequently Asked Questions

Should an Avesis member have any questions regarding their vision benefits, please direct them to Avesis member services.

Q. How will I know if a patient is an Avesis member, and what benefits/coverage they have?
A. Each member is issued either an Avesis ID Card, insurance identification card or a computer generated benefit summary. Your office should verify eligibility prior to providing service. Eligibility can be verified on our website, **www.avesis.com**, through the IVR phone system (866-234-4806), or by calling Avesis directly during our normal business hours.

Q. How does the PPO Vision Program work?
A. Your office is reimbursed according to the applicable plan. Your staff is able to verify member benefits via the internet at **www.avesis.com** or the toll-free number (800-952-6674). All claims are submitted directly to Avesis via the internet site or on a standard HCFA/CMS form.

Q. How does the Discount Vision Plan work?
A. There are no claims forms to complete and no deductibles or co-payments to apply. Your office collects 100% of the discount fees from the patient as indicated on the applicable plan. The Avesis member should present a valid ID card, but eligibility should also be verified by contacting Avesis.

Q. What if the provider's office is having a promotion?
A. In the event that in-office promotions yield lesser fees than those provided on the member's plan, please extend the Avesis member the lower of the two discounts.

Q. Do Avesis members have any limitations on exams, eyeglasses and contact lens services?
A. Payment from Avesis will be based on and limited to the applicable benefit plan the member is covered under. However, Avesis members shall have unlimited access to Avesis discount pricing on additional pairs of glasses or contact lenses supplied by you. When accessing these additional materials, the member will make payment directly to your office.

Q. How can I verify a member's eligibility quickly and accurately?
A. The Avesis internet site can be accessed anytime at **www.avesis.com**. The Interactive Voice Response System (IVR) is available 24 hours a day (866) 234-4806. Or, Avesis customer service representatives are available 7:00 a.m. to 5:00 p.m. MST Monday through Friday at (800) 952-6674. Please have your PIN number available when verifying eligibility.

General Information

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Benefit Plan Matrix

The Benefit Plan Matrix and accompanying fee sheet indicate the Avesis plan payment and the patient co-payments, as applicable. Please refer to these documents for the following plan specific information:

- Assignment of Benefits & Claim Submission Information
- Eligibility Verification
- Exclusions

Assignment of Benefits

For all Avesis PPO plans you **must** accept Assignment of Benefits for covered services for all eligible members. The patient's signature is required in the Assignment of Benefits section on the claim form.

Claim forms (HCFA 1500) for covered services should be completed and mailed to:

Avesis Incorporated
P.O. Box 7777
Phoenix, Arizona 85011-7777
Attention: Vision Claims

Or submit claims directly through our web site at: **www.avesis.com**

Eligibility Verification

When Avesis members telephone your location(s) to schedule appointments, Avesis provides three convenient options for verifying the members' eligibility:

- The Avesis internet site anytime at **www.avesis.com**.
- Interactive Voice Response System (IVR) is available 24 hours a day (866) 234-4806.
- Customer Service Representatives are available 7:00 a.m. to 5:00 p.m. MST Monday through Friday at (800) 952-6674, except the following holidays: New Year's Day, President's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, the day after Thanksgiving, and Christmas Day (may vary when holiday falls on a weekend).

General Provisions

The Provider has the right to correct information submitted by another party or to correct his or her own information submitted incorrectly. Changes must be made in writing and directed to the Avesis Claims Manager within ninety (90) days.

Emergency Care

The Avesis Provider is responsible for aiding in the facilitation of emergency treatment.
For example: Directing to the nearest healthcare professional or the member's group health plan.

Claims Appeals

If payment by Avesis for vision services is denied, in whole or in part, you may appeal the decision by requesting a review in writing. Avesis must receive this request within sixty (60) days of the original claim denial.

All claim reviews are handled in accordance with the Avesis Complaint, Appeal and Grievance (CAG) policies and procedures which can be found on page 13 of this manual.

Approval Policy

Please note that eligibility verification is not a guarantee of payment. Payment is dependent upon the plan being in force and the member being eligible at the time that services are rendered.

Exclusions

There are no benefits under the plan for professional services or materials connected with and arising from: 1) Orthoptics of vision training; 2) Subnormal vision aids and any supplemental testing; 3) Plano (non-prescription) lenses, sunglasses; 4) Two pair of glasses in lieu of bifocal lenses; 5) Any medical or surgical treatment of eye or support structures; 6) Replacement of lost or broken lenses, contact lenses or frames, except when the member is normally eligible for services; 7) Any eye examination or corrective eyewear required by an employer as a condition of employment; 8) Services or materials provided as a result of Workers Compensation Law, or similar legislation, required by any governmental agency whether Federal, State or subdivision thereof.

Important Note

Avesis providers who use our internet site for member eligibility and claim submission functions are also eligible to receive payments from Avesis via Electronic Funds Transfer (EFT) enabling their practice to maintain a positive cash flow situation.

**** Please note that all changes must be communicated to Avesis in writing, signed, and dated.**

Eligibility Verification Fax Form

Provider Name: ______________________________ **Provider Number:** _____-_______ **Fax Number:** _______________

Carrier	Group #	Plan #	Member Name or ID #	Patient Name	Patient DOB	Date of Service	Services				Eligible		Comments
							E	F	L	C	Yes	No	

- Please complete the appropriate fields above (one line per member) and fax to Avesis at 866-332-1632
- Faxes received will be returned by the close of business the next full business day

Examinations and Supplemental Testing

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A. Examination

A comprehensive eye examination shall be performed in accordance with state guidelines and shall include, at a minimum, the following:

1. Medical history;
2. Visual Acuities;
   a) with correction, distance and near
   b) without correction, distance and near
3. Cover test at 20 feet and at 16 inches;
4. Versions;
5. External examination;
   a) Lids
   b) Cornea
   c) Conjunctiva
   d) Pupillary reaction (neurological integrity)
6. Autorefraction/Refraction;
   a) Far point
   b) Near point
7. Tonometry/Intraocular Pressure (reasonable attempt or equivalent testing if contraindicated);
8. Retinoscopy;
9. Biomicroscopy/Slit Lamp examination; includes cornea, crystalline lens, vitreous, and Hruby, 78D or 90D (or other fundus lens) of the optic nerve , vessels and macula
10. Indirect ophthalmoscopy of the peripheral retina
11. Color vision

Please Note: Certain plans may require additional procedures to be completed as part of the examination (e.g. dilation, routine vision field study). Please refer to each individual plan for specific instructions.

B. Supplemental Testing

When deemed by the provider to be medically necessary, tests not covered by a plan (e.g. dilation, visual field study) or included in the Comprehensive Examination need to be performed, you must receive signed patient consent as to any additional fee(s) for said testing.

Some Avesis vision plans provide limited plan coverage for certain supplemental tests (i.e. dilation). Please refer to the Plan Matrix for additional information.

Supplemental testing fees should be charged at 80% of the provider's usual and customary fees. Please refer to each individual Plan Sheet.

Frames and Lenses

Materials dispensed to Avesis members shall be guaranteed against manufacturer's defects and workmanship for a minimum of one year.

Frame Fee

A. Frames pricing to Avesis members is based on the published cost shown in the most current issue of the **"FRAMES"** price catalog. Please refer to the Plan Matrix for each member's specific benefit.

B. Dispensing Fee

If indicated for a particular plan, add this amount to the frame's wholesale cost.

C. Frame Requirements

The provider must have in inventory a minimum of 200 frames including men's, women's, unisex and children's styles. These frames are subject to Avesis approval. Some plans require that a specific frame selection be made available to Avesis members. Please refer to the Plan Matrix for plan specific information.

D. Lens Pricing Structure

The lens reimbursement detailed on the Avesis Fee Schedule is the total amount reimbursed for lenses including the following: dispensing fees, standard hardening, standard oversize, postage and handling.

E. Prescriptions

Remake: In the event that an Avesis member's lenses must be remade due to a prescription error, you will be responsible for the cost of the remake.

Prescription Changes: Prior to filling a prescription by another Avesis provider or non-Avesis provider, please inform the member that in the unlikely event of a prescription change, the member will be responsible for the wholesale cost of the remake.

Outside Prescriptions: Avesis providers should honor outside prescriptions when presented by an Avesis member unless it is contradictory to office policy to do so.

*Please note that contact lenses are paid in lieu of eyeglass lenses and frames.

Contact Lenses

The contact lens fitting includes testing, fitting, dispensing (contact lens training) and follow-up visits and is in lieu of spectacle lenses or frames. Should the member have a contact lens fitting performed by an Avesis provider and the member has instructed the provider to bill Avesis on their behalf, that member is no longer eligible for an eyeglass benefit. Please refer to each individual Benefit Plan Sheet for specific information. Many plans are tailored to individual employers, unions or insurance programs. Therefore, these groups may have different levels of benefits.

A. Replacement or Duplicate Contact Lenses

Avesis members shall have unlimited access to Avesis discount pricing on additional pairs of glasses or contact lenses supplied by Avesis Preferred Providers. The member's individual plan determines specific pricing. When accessing these additional materials, the member will make payment directly to you.

B. Contact Lens Refund

If for any reason, within 30 days of the initial contact lens dispensing date, a member is dissatisfied with the contact lenses, a 50% refund (excluding the examination fee) shall be remitted upon the return of the lenses and care kit. This refund may be applied toward new eyewear.

Identification Card

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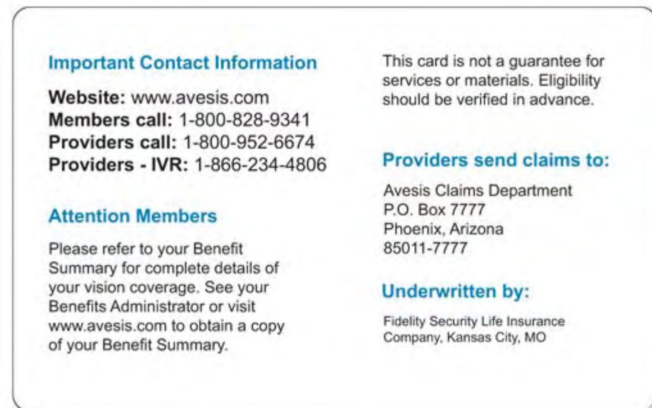
When an Avesis member calls for an appointment, please request that they bring their identification card with them to their appointment. Member eligibility should be verified prior to having service rendered. As an Avesis provider, you have several methods to verify a member's eligibility, two of which are always available: the Avesis internet site **www.avesis.com**, and our IVR system (866) 234-4806. You can also contact our Customer Service Department at (800) 952-6674, Monday through Friday from 7:00 a.m. until 5:00 p.m. MST, except holidays.

Front



Back

Claims Information

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A. Claims Process

Claim payment will be made within thirty (30) days of the receipt of a “clean claim”. As Avesis’ claims payment protocol is not diagnosis driven, providers are strongly encouraged to apply all applicable diagnostic codes on claim submissions. To aid in accurate processing and payment of your submissions, please make sure all required fields are completed.

Note: Applicable member co-payments will be deducted from amounts billed.

In an effort to maintain HIPAA compliance with our health plan reporting, routine eye health exams should be billed with CPT codes of 92002, 92012, 92004, 92014, S0260, or S0261, as appropriate. The “99” codes are reserved for medical encounters and thus conflict with medical visits when reported.

Claims must be received within ninety (90) days of the date of service and may be submitted in one of the following formats:

- The Avesis internet site at **www.avesis.com**
- On a HCFA/CMS 1500 claim form mailed to:

Avesis Incorporated
P.O. Box 7777
Phoenix, Arizona 85011-7777
Attention: Vision Claims

New Service For Eligible Providers

Avesis providers who use our internet site for member eligibility and claim submission functions are also eligible to receive payments from Avesis via Electronic Funds Transfer (EFT) enabling their practice to maintain a positive cash flow situation.

CAG Policies & Procedures

A member or participating provider has three (3) separate and distinct levels to resolve problems:

1. The first level is filing a **Complaint**. The complaint may be submitted either verbally or in writing to Avesis. A complaint is any issue not resolved to the Member's or the Participating Provider's satisfaction by the Avesis staff.
2. The second level is filing an **Appeal**. The appeal must be submitted in writing to Avesis with additional information not previously considered. An appeal is any Member or Provider disagreement with respect to payment for services, such as reduction of claim payment, benefits that are considered covered or non-covered or denial of eligibility.
3. The final is filing a **Grievance**. The grievance must be submitted in writing and received within 180 days after receipt of the subject health care services. A grievance is an issue, which requires investigation, and Grievance Committee reviews to resolve.

Codes

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Service	Acceptable CPT Codes
Routine Eye Health Exam	92002, 92012, 92004, 92014
Dilation (when pre-authorized)	92019
Frame - In Selection	V2020
Frame - Out of Selection	V2025
Single Vision Lenses	V2100
Bifocal Lenses	V2200
Trifocal Lenses	V2300
Progressive Lenses	V2781
Spectacle Lens Dispensing	92340, 92341, 92342
Contact Lens Fitting & Dispensing	92310
Contact Lenses Non-Disposable	V2500 - V2523
Contact Lenses Disposable	V2599
LASIK Surgery (when covered)	S0800

Diagnosis	Preferred ICD9 Codes
Eye & Vision Examination	V720
Hyperopia	367.0
Myopia	367.1
Astigmatism NOS	367.20
Regular Astigmatism	367.21
Irregular Astigmatism	367.22
Anisometropia	367.31
Aniseikonia	367.32
Presbyopia	367.4
Paresis of Accommodation	367.51
TOT Intern Ophthalmopleg	367.52
Spasm of Accommodation	367.53
Transient Refract Change	367.81
Refraction Disorder NEC	367.89
Refraction Disorder NOS	367.9
Blurred Vision	368.8

PLEASE DO NOT STAPLE IN THIS AREA

APPROVED OMB-0938-0008

CARRIER

PICA

HEALTH INSURANCE CLAIM FORM

PICA

1. MEDICARE (Medicare #) | MEDICAID (Medicaid #) | CHAMPUS (Sponsor's SSN) | CHAMPVA (VA File #) | GROUP HEALTH PLAN (SSN or ID) [X] | FECA BLK LUNG (SSN) | OTHER (ID)

1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1): 123456789

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): SMITH, JOHN

3. PATIENT'S BIRTH DATE MM DD YY: 2 3 45 SEX M [X] F

4. INSURED'S NAME (Last Name, First Name, Middle Initial): SMITH, JOHN

5. PATIENT'S ADDRESS (No., Street): 123 Main Street

6. PATIENT RELATIONSHIP TO INSURED: Self | Spouse | Child | Other

7. INSURED'S ADDRESS (No., Street)

CITY: Centerville STATE: US

8. PATIENT STATUS: Single | Married [X] | Other; Employed | Full-Time Student | Part-Time Student

CITY STATE

ZIP CODE: 12345 TELEPHONE (Include Area Code): (410) 555-1234

ZIP CODE TELEPHONE (INCLUDE AREA CODE) ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER: 5103-123

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (CURRENT OR PREVIOUS) YES NO

a. INSURED'S DATE OF BIRTH MM DD YY: 2 3 45 SEX M F

b. OTHER INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. AUTO ACCIDENT? YES NO PLACE (State)

b. EMPLOYER'S NAME OR SCHOOL NAME

c. EMPLOYER'S NAME OR SCHOOL NAME

c. OTHER ACCIDENT? YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME: Plan 378

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. RESERVED FOR LOCAL USE

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO [X] *If yes*, return to and complete item 9 a-d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED SOF DATE 1-1-99

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED SOF / JOHN SMITH

SAMPLE

PATIENT AND INSURED INFORMATION

14. DATE OF CURRENT: MM DD YY ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP)

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY

17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE

17a. I.D. NUMBER OF REFERRING PHYSICIAN

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY

19. RESERVED FOR LOCAL USE

20. OUTSIDE LAB? YES NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE)

1. V 72.0 / 367.1
2. ___ . __
3. ___ . __
4. ___ . __

22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER: X

24.	A DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B Place of Service	C Type of Service	D PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	E DIAGNOSIS CODE	F $ CHARGES	G DAYS OR UNITS	H EPSDT Family Plan	I EMG	J COB	K RESERVED FOR LOCAL USE
1	1 01 99	1 01 99			92004		31 00					
2	1 01 99	1 01 99			v2200		38 00					
3	1 01 99	1 01 99			v2020		20 00					
4												
5												
6												

25. FEDERAL TAX I.D. NUMBER SSN EIN: 86-1234567

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO

28. TOTAL CHARGE: $ 89 00

29. AMOUNT PAID: $ 10 00

30. BALANCE DUE: $ 79 00

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED SIGN DATE 1-1-99

32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office)

Avesis Incorporated
3724 North Third St. #300
Phoenix, AZ 85012

33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #

Avesis Incorporated
P.O. Box 7777
Phoenix, AZ 85011-7777

PIN# GRP#

PHYSICIAN OR SUPPLIER INFORMATION

BECAUSE THIS FORM IS USED BY VARIOUS GOVERNMENT AND PRIVATE HEALTH PROGRAMS, SEE SEPARATE INSTRUCTIONS ISSUED BY APPLICABLE PROGRAMS.

NOTICE: Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.

REFERS TO GOVERNMENT PROGRAMS ONLY

MEDICARE AND CHAMPUS PAYMENTS: A patient's signature requests that payment be made and authorizes release of any information necessary to process the claim and certifies that the information provided in Blocks 1 through 12 is true, accurate and complete. In the case of a Medicare claim, the patient's signature authorizes any entity to release to Medicare medical and nonmedical information, including employment status, and whether the person has employer group health insurance, liability, no-fault, worker's compensation or other insurance which is responsible to pay for the services for which the Medicare claim is made. See 42 CFR 411.24(a). If item 9 is completed, the patient's signature authorizes release of the information to the health plan or agency shown. In Medicare assigned or CHAMPUS participation cases, the physician agrees to accept the charge determination of the Medicare carrier or CHAMPUS fiscal intermediary as the full charge, and the patient is responsible only for the deductible, coinsurance and noncovered services. Coinsurance and the deductible are based upon the charge determination of the Medicare carrier or CHAMPUS fiscal intermediary if this is less than the charge submitted. CHAMPUS is not a health insurance program but makes payment for health benefits provided through certain affiliations with the Uniformed Services. Information on the patient's sponsor should be provided in those items captioned in "Insured"; i.e., items 1a, 4, 6, 7, 9, and 11.

BLACK LUNG AND FECA CLAIMS

The provider agrees to accept the amount paid by the Government as payment in full. See Black Lung and FECA instructions regarding required procedure and diagnosis coding systems.

SIGNATURE OF PHYSICIAN OR SUPPLIER (MEDICARE, CHAMPUS, FECA AND BLACK LUNG)

I certify that the services shown on this form were medically indicated and necessary for the health of the patient and were personally furnished by me or were furnished incident to my professional service by my employee under my immediate personal supervision, except as otherwise expressly permitted by Medicare or CHAMPUS regulations.

For services to be considered as "incident" to a physician's professional service, 1) they must be rendered under the physician's immediate personal supervision by his/her employee, 2) they must be an integral, although incidental part of a covered physician's service, 3) they must be of kinds commonly furnished in physician's offices, and 4) the services of nonphysicians must be included on the physician's bills.

For CHAMPUS claims, I further certify that I (or any employee) who rendered services am not an active duty member of the Uniformed Services or a civilian employee of the United States Government or a contract employee of the United States Government, either civilian or military (refer to 5 USC 5536). For Black-Lung claims, I further certify that the services performed were for a Black Lung-related disorder.

No Part B Medicare benefits may be paid unless this form is received as required by existing law and regulations (42 CFR 424.32).

NOTICE: Any one who misrepresents or falsifies essential information to receive payment from Federal funds requested by this form may upon conviction be subject to fine and imprisonment under applicable Federal laws.

NOTICE TO PATIENT ABOUT THE COLLECTION AND USE OF MEDICARE, CHAMPUS, FECA, AND BLACK LUNG INFORMATION

(PRIVACY ACT STATEMENT)

We are authorized by HCFA, CHAMPUS and OWCP to ask you for information needed in the administration of the Medicare, CHAMPUS, FECA, and Black Lung programs. Authority to collect information is in section 205(a), 1862, 1872 and 1874 of the Social Security Act as amended, 42 CFR 411.24(a) and 424.5(a) (6), and 44 USC 3101;41 CFR 101 et seq and 10 USC 1079 and 1086; 5 USC 8101 et seq; and 30 USC 901 et seq; 38 USC 613; E.O. 9397.

The information we obtain to complete claims under these programs is used to identify you and to determine your eligibility. It is also used to decide if the services and supplies you received are covered by these programs and to insure that proper payment is made.

The information may also be given to other providers of services, carriers, intermediaries, medical review boards, health plans, and other organizations or Federal agencies, for the effective administration of Federal provisions that require other third parties payers to pay primary to Federal program, and as otherwise necessary to administer these programs. For example, it may be necessary to disclose information about the benefits you have used to a hospital or doctor. Additional disclosures are made through routine uses for information contained in systems of records.

FOR MEDICARE CLAIMS: See the notice modifying system No. 09-70-0501, titled, 'Carrier Medicare Claims Record,' published in the Federal Register, Vol. 55 No. 177, page 37549, Wed. Sept. 12, 1990, or as updated and republished.

FOR OWCP CLAIMS: Department of Labor, Privacy Act of 1974, "Republication of Notice of Systems of Records," Federal Register Vol. 55 No. 40, Wed Feb. 28, 1990, See ESA-5, ESA-6, ESA-12, ESA-13, ESA-30, or as updated and republished.

FOR CHAMPUS CLAIMS: PRINCIPLE PURPOSE(S): To evaluate eligibility for medical care provided by civilian sources and to issue payment upon establishment of eligibility and determination that the services/supplies received are authorized by law.

ROUTINE USE(S): Information from claims and related documents may be given to the Dept. of Veterans Affairs, the Dept. of Health and Human Services and/or the Dept. of Transportation consistent with their statutory administrative responsibilities under CHAMPUS/CHAMPVA; to the Dept. of Justice for representation of the Secretary of Defense in civil actions; to the Internal Revenue Service, private collection agencies, and consumer reporting agencies in connection with recoupment claims; and to Congressional Offices in response to inquiries made at the request of the person to whom a record pertains. Appropriate disclosures may be made to other federal, state, local, foreign government agencies, private business entities, and individual providers of care, on matters relating to entitlement, claims adjudication, fraud, program abuse, utilization review, quality assurance, peer review, program integrity, third-party liability, coordination of benefits, and civil and criminal litigation related to the operation of CHAMPUS.

DISCLOSURES: Voluntary; however, failure to provide information will result in delay in payment or may result in denial of claim. With the one exception discussed below, there are no penalties under these programs for refusing to supply information. However, failure to furnish information regarding the medical services rendered or the amount charged would prevent payment of claims under these programs. Failure to furnish any other information, such as name or claim number, would delay payment of the claim. Failure to provide medical information under FECA could be deemed an obstruction.

It is mandatory that you tell us if you know that another party is responsible for paying for your treatment. Section 1128B of the Social Security Act and 31 USC 3801-3812 provide penalties for withholding this information.

You should be aware that P.L. 100-503, the "Computer Matching and Privacy Protection Act of 1988", permits the government to verify information by way of computer matches.

MEDICAID PAYMENTS (PROVIDER CERTIFICATION)

I hereby agree to keep such records as are necessary to disclose fully the extent of services provided to individuals under the State's Title XIX plan and to furnish information regarding any payments claimed for providing such services as the State Agency or Dept. of Health and Humans Services may request.

I further agree to accept, as payment in full, the amount paid by the Medicaid program for those claims submitted for payment under that program, with the exception of authorized deductible, coinsurance, co-payment or similar cost-sharing charge.

SIGNATURE OF PHYSICIAN (OR SUPPLIER): I certify that the services listed above were medically indicated and necessary to the health of this patient and were personally furnished by me or my employee under my personal direction.

NOTICE: This is to certify that the foregoing information is true, accurate and complete. I understand that payment and satisfaction of this claim will be from Federal and State funds, and that any false claims, statements, or documents, or concealment of a material fact, may be prosecuted under applicable Federal or State laws.

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing date sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to HCFA, Office of Financial Management, P.O. Box 26684, Baltimore, MD 21207; and to the Office of Management and Budget, Paperwork Reduction Project (OMB-0938-0008), Washington, D.C. 20503.

Provider Contact List

Avēsis
A National Vision and Dental Company

Eligibility Verification

- Avesis internet site: **www.avesis.com**
- IVR system: (866) 234-4806
- Customer Service Representatives: (800) 952-6674
- Eligibility Verification Fax Form: (602) 240-9100

Claim Submission

- Avesis internet site: **www.avesis.com**
- HCFA/CMS 1500 claim form mailed to:

Avesis Incorporated
P.O. Box 7777
Phoenix, Arizona 85011-7777
Attention: Vision Claims

Claim Status

- Avesis internet site: **www.avesis.com**
- Customer Service Representatives: (800) 952-6674

Provider Services

- Request a provider application/enrollment package (also available at www.avesis.com)
- Check credentialing status
- General questions (e.g. has new address been added, what is the provider's PIN, etc.)
- Fax: (866) 332-1631

Customer Service Hours

- Monday through Friday 7:00 a.m. until 5:00 p.m. MST, except observed holidays

Observed Holidays

New Year's Day, President's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, the day after Thanksgiving, Christmas Day (may vary when holiday falls on a weekend).