BlueCross BlueShield
Federal Employee Program
FEP BlueVision℠

Affinity Plan

Vision Care Service Record

(This form to be maintained by the provider's office)

DAVIS VISION
THE EYECARE ADVANTAGE
www.davisvision.com

SECTION I - PROVIDER/PATIENT SECTION

Member Name: _____

Member ID No.: _____

Patient Name: _____

Relationship: Member __ Spouse __ Child __

Provider's Name: _____

Provider's No.: _____

Date of Service: _____

SECTION II - COVERAGE SECTION

Plan Level: Affinity

Member Charges::

Eye examination	15% off providers U&C
Refraction Only (when exam is covered by Medicare)	$20.00
Contact lens examination	15% off providers U&C
Frame	Discount only see section III
Spectacle lenses	Discount only see section III
Contact Lenses:	Discount only see section III

Plan Description: A discounted eye examination , and a discount towards the cost of spectacle lenses and a frame, or contact lenses.

SECTION III - SERVICE SECTION

A. Examination: Yes ☐ No ☐

1a. Was examination comprehensive? Yes ☐ No ☐

1b. Was dilation performed? Yes ☐ No ☐

1c. Was this a new patient? Yes ☐ No ☐

1d. Primary Diagnosis code: _____

Secondary Diagnosis code (if any): _____

B. Spectacle Lenses Provided: (check all that apply)*

		Member Pays:
Single Vision	☐	$35.00
Bifocal	☐	$55.00
Trifocal	☐	$65.00
Lenticular	☐	$110.00

C. Contact Lenses:

		Member Pays:
Conventional	☐	20% off U & C
Disposable/planned replacement	☐	10% off U & C

D. Frame Provided*:

	Member Pays:
Priced up to $70 retail ☐	$40
Priced above $70 retail ☐	$40 plus 10% off the amount over $70.00

SECTION IV - OPTIONS SECTION*

Patient charges for selected options.
(in addition to lens price)

Option	☑	Patient Charge
Standard Progressive Lenses	☐	$60.00
Premium Progressive Lenses	☐	$110.00
Blended Invisible Bifocals	☐	$20.00
High Index	☐	$55.00
Polarized Lenses	☐	$75.00
Glass Lenses	☐	$18.00
Polycarbonate Lenses	☐	$30.00
Scratch-Resistant Coating	☐	$15.00
Standard ARC (anti-reflective coating)	☐	$45.00
Ultraviolet Coating	☐	$15.00
Solid Tint	☐	$10.00
Gradient Tint	☐	$12.00
Photochromic Lenses	☐	$35.00
Plastic Photosensitive Lenses	☐	$65.00
Intermediate Vision Lenses	☐	$30.00

*Special lens designs, materials, powers and frames may require additional cost. Member cost may vary dependent upon retailer selected.

SECTION V - SIGNATURE SECTION

A. I certify that all of the services and materials indicated above as received are indicated accurately, and authorize the release of any medical or other information necessary to process this claim. Additionally, I certify that I have been informed of all additional items and costs as outlined in Sections IV and V, and I bear the full responsibility for payment of any charge associated with any of the items selected. I understand that Progressive Addition Lenses will be furnished upon my request and if I am unable to adapt to these lenses, standard bifocal lenses will be provided with no additional cost, however, the copayment (if any) for the Progressive Addition Lenses will not be refunded.

Patient Signature _____

Date of Service _____

B. I certify that all services were provided by me or by authorized personnel, in compliance with the standards of the Davis Vision Program. **TN PROVIDERS:** Please see instruction 5 at right .

Authorized Signature _____

Invoice No. _____

INSTRUCTIONS:

1. Participating provider must complete Sections I, III, VI, and VIB.
2. Member or legal guardian should complete and sign Section VIA.
3. All services rendered should be recorded on a single form.
4. Completed forms must be maintained for a period of not less than seven (7) years.
5. Tennessee state law stipulates that it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

SR01150 12/8/06

You have specific appeals rights regarding your vision care benefits.
These rights may be obtained in detail by referring to your benefit booklet
or by contacting FEP BlueVision℠ at 1-888-550-2583 or writing to:
Quality Assurance Department
P. O. Box 2010
Latham, NY 12110-2010

BlueCross BlueShield

Federal Employee Program

FEP BlueVision℠

Joe Sample
1 Main Street
Anytown, USA 12345

Dear FEP BlueVision℠ Enrollee,

We are pleased to provide you with the attached identification cards. These cards may be used for proof of identification when you or your eligible/enrolled dependents receive your vision care benefits. The provider will need to check your eligibility with FEP BlueVision℠ directly to ensure you are currently active and eligible on our files.

Complete eligibility, benefit and provider information is available on the FEP BlueVision℠ website at **www.fepblue.org**, or by calling the Interactive Voice Response (IVR) unit at 1-888-550-2583. Member Service Representatives are available Monday through Friday, from 8:00AM through 11:00PM Eastern Time, Saturday from 9:00AM through 4:00 PM Eastern Time, and Sunday from 12:00PM through 4:00PM Eastern Time. Participants who use a TTY (Teletypewriter) because of a hearing or speech disability may access TTY services by calling 1-800-523-2847.

Thank you for your participation in the program.

Card removal instructions: Carefully fold along perforated edge and slowly remove card.

BlueCross BlueShield
Federal Employee Program

FEP BlueVision℠

Member Name
Joe Sample
Member ID
789012345

Option: High
Effective Date 12/31/06

http://www.fepblue.org

BlueCross BlueShield
Federal Employee Program

FEP BlueVision℠

Member Name
Joe Sample
Member ID
789012345

Option: High
Effective Date 12/31/06

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BlueCross BlueShield

Federal Employee Program

This card may be used for covered vision benefits under FEP BlueVision℠.

Use of this card constitutes acceptance of the terms and conditions of FEP BlueVision℠. All benefits are subject to the definitions, limitations and exclusions set forth for the applicable contract year in the brochure, which is the only legal description of benefits.

Use of this card by anyone not enrolled under the contract number is fraud and will be prosecuted to the fullest extent of the law.

http://www.fepblue.org

Customer Service: **1-888-550-2583**

Providers: Submit all claims to FEP BlueVision℠ at:1-800-773-2847

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