



Davis Vision Provider Onboarding

DAVIS VISION PRESENTATION | July 10, 2017

Welcome to Davis Vision!

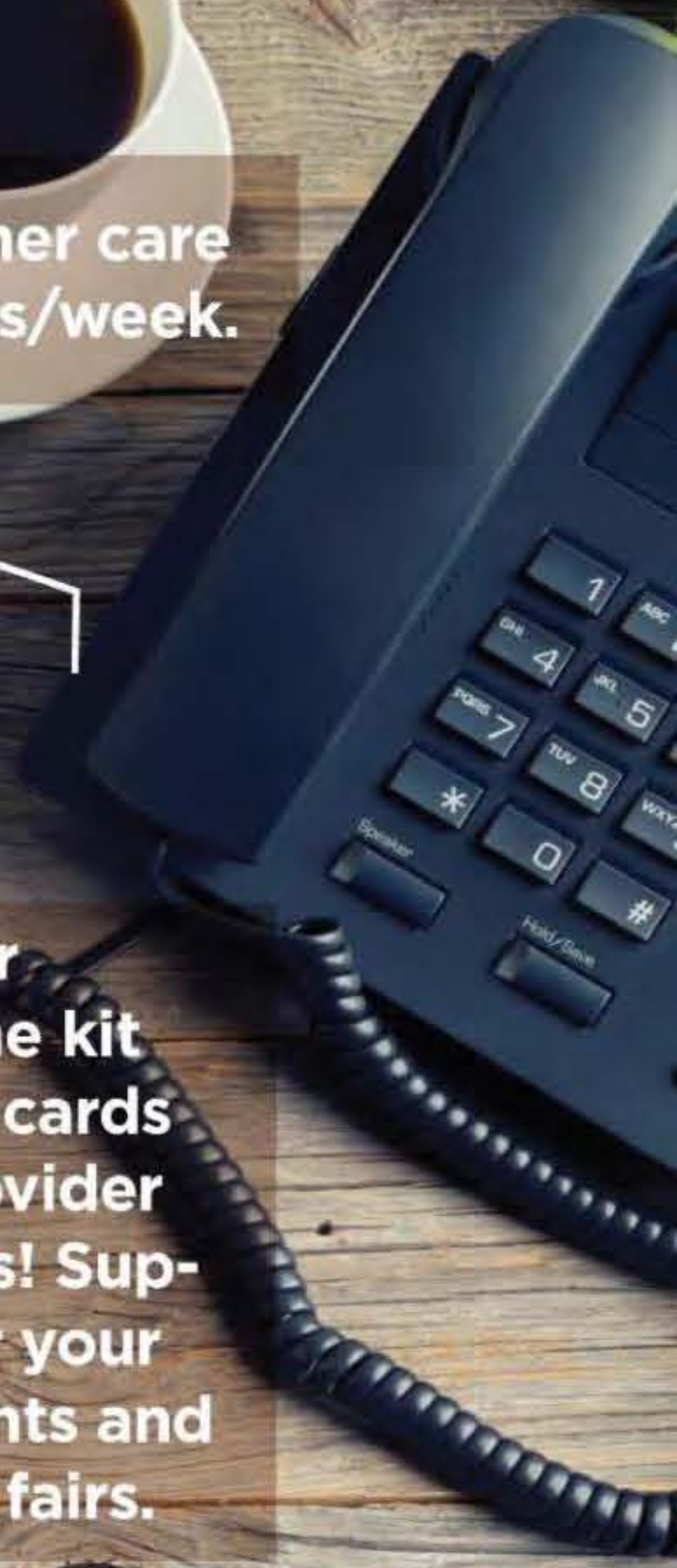
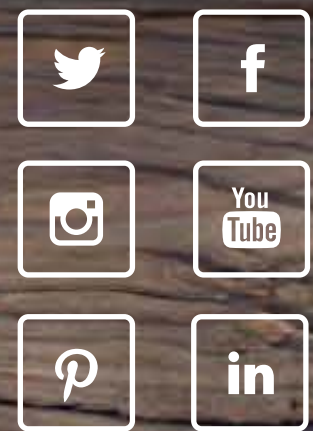
Mobile-responsive website with provider locator, access to customer portals and interactive content.

Mobile-responsive customer portals with plan details, forms and surveys. Plus! A mobile app for iOS and Android.

Calculators and tools to see the value of a vision benefit for clients and for members - designed for mobile use. Plus! White papers, videos and more.

U.S.-based customer care center open 7 days/week.

Member welcome kit with ID cards and provider list. Plus! Support for your OE events and Benefit fairs.



Agenda

1. Introduction to the Davis Vision Provider Portal
2. Self-Service Options
3. Retrieving Member Records, Benefits and Eligibility
4. Authorizations and Service Record Forms
5. Optical Orders
6. Davis Vision Exclusive Collection
7. Overview of Excel Advantage Program



Welcome to Davis Vision!

- You should have received a Welcome email with your ProviderID and Provider Portal Login Information.
- Please utilize this demo as a reference point for any questions that may occur.
- Should you have any questions please contact Provider Services: 1 (800) 584-3140



Davis Vision Provider Portal



Set-Up

Email Address, Password Assignment

 Contact Website Assistance



Provider Home Page

Overview of the Provider Homepage



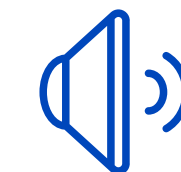
Navigation Menu

Convenient navigation to frequent routine transactions



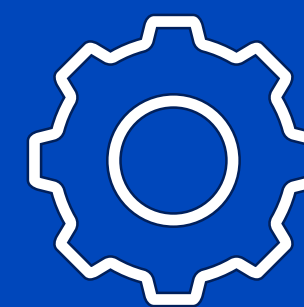
Important Website Links

Provider Manual, commonly used forms and medically necessary forms, procedure codes, and product updates



Important Alerts













Keeping you informed on benefit alerts, new plans, plans in area, and administrative changes



Website Assistance

1 (800) 943-5738

Self-Service Options

	Davis Vision Website (www.davisvision.com)	Interactive Voice Response (IVR) 1-888-800-4321
Verify Patient Eligibility		
Obtain and Check Status of Benefit Information		
View Benefits & Fee Schedules		
Request a Service Record Form		
Void Authorizations		
Process claims for Exam & Materials		
Determine Copayments		
Track Orders		
Most up-to-date Manuals, Forms, Benefit Alerts, Formularies, and Warranty Policies		

Website Basics



Important Links

- Access to the reference articles, tips, best practices and recommendations
- Access and print commonly used forms
- Access to various guidelines and FAQs
 - Provider Manual
 - Warranty
 - Procedure Codes
 - RX Recommendations
 - Listing of Progressive and ARC Lenses (Formulary)
 - Listing of Standard and Premium Contact Lenses (Formulary)
 - MyFocal HD Information

Important Links | more...

[What is a Davis Member ID Number?](#)

[Specialty Frames](#)

[Communication](#)

[Replacement of Scratched](#)

[Spectacle Lenses](#)

[HIPAA Information](#)

[Ship Back Form](#)

[Progressive Lens Formulary](#)

[Contact Lens Formulary –](#)

[Premium](#)

[Contact Lens Formulary –](#)

[Standard](#)

[ARC Formulary](#)

[Warranty Information](#)

Website Basics (continued)

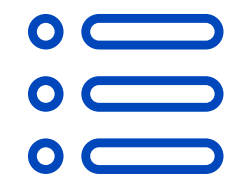
Important Notices

- Alerts regarding product offerings
- Notice of administrative changes
- Announcements for system enhancements
- Access to required annual trainings

Important Notice:

- Davis Vision maintains confidentiality protocols to protect certain personal information of a victim of domestic violence. Please refer to Davis Vision's notice titled Confidentiality for Domestic Violence Victims in the Privacy and Legal section of the website for additional information on this topic. All Providers are encouraged to post a copy of this notice within their office.
- Biomedics XC will remain on the Davis Vision Exclusive Collection of Contact Lenses until it is discontinued October 31, 2017. Be advised that while the revenue lenses remain available, the trial lenses have already been discontinued, so only those members who have a current prescription and have already been fit may select the product between now and October 31.
- Effective January 1, 2017, Davis Vision administers a discount benefit for members of Blue Cross Blue Shield of Northeastern NY. Members will NOT be on file. Discount information may be accessed via [this link](#).
- As outlined in the 2017 CMS Call Letter, Davis Vision as a Qualified Medicare Beneficiaries (QMB) program is required to ensure providers understand the billing and anti-discrimination rules applicable to dual eligible beneficiaries. Please [click here](#) or in the Important Links to see the training document.

Website Basics (continued)



Practice Account Status

- Access recently shipped optical orders
- Access to optical orders currently being processed
- Access Recently issued authorizations

The screenshot shows the Davis Vision website interface for a web administrator. At the top, it says "Welcome Web Admin (Provider # !)" and "Tuesday, July 11, 2017". The main navigation menu includes "Authorizations/Claims", "Enrollment Confirmations", "New Claims", "Benefit Alerts", "My Davis Vision", "Support", and "Practitioner Identifier".

The "Practice Account Status" section is highlighted and contains the following tables:

Recent Shipping History			
Order Date	Patient Name	Invoice Number	Ship Date
There were no records found.			

Work in Progress			
Order Date	Patient Name	Invoice Number	Status
There were no records found.			

Authorizations			
Issue Date	Patient Name	Auth Number	Action
There were no records found.			

Enrollment Confirmations (ACA)			
Issue Date	Patient Name	Confirmation #	Action
There were no records found.			

At the bottom of the page, there is a copyright notice: "Copyright © 2002-2017 Davis Vision Incorporated. All rights reserved." and links for "Privacy Policy", "Legal Information", and "HIPAA Information".



⚠ BEST PRACTICE:

Scroll down the Homepage





SELF-SERVICE OPTIONS

User-Friendly Steps






Self-Service Options via the Navigation Menu

Retrieving Member Information

- 
Performing a Search
 Quickly locate a patient's record, using the Davis Vision identification number search function
- 
Determining Eligibility
 Verify available services and future eligibility
- 
Benefits Alerts
 View plan information without an identification number, including payment information
- 
Retrieve an Authorization
 View member's service record form

Obtaining Authorizations

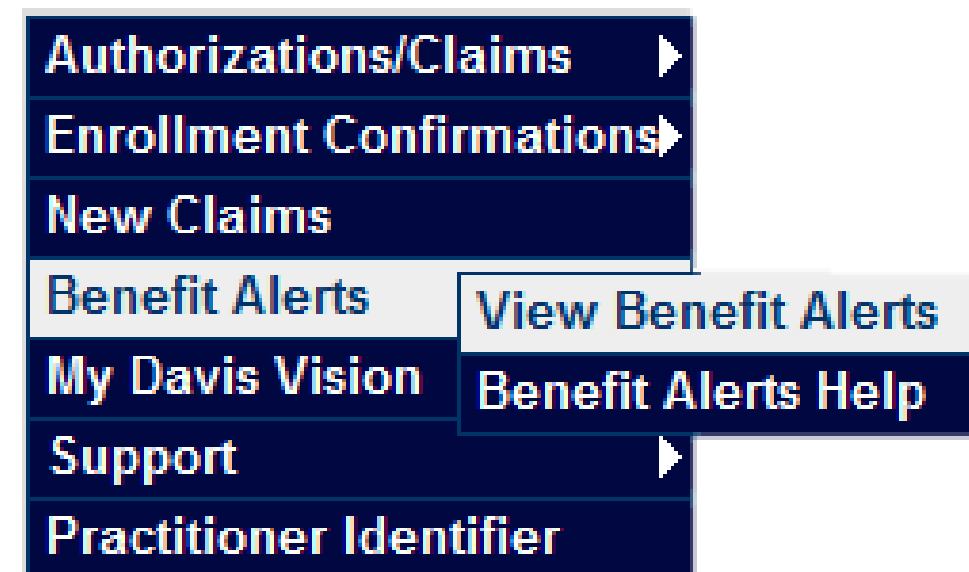
- 
Determine Patient Eligibility
 Review the process to issue an authorization
- 
Reviewing Service Record Forms (SRF)
 A high level overview of member's benefits
- 
Reviewing Existing Authorizations
 How to access prior authorizations

Accessing Benefits and Benefit Alerts

1 Retrieve the Member's ID Card



2 Use Navigation Menu Shortcut



OR

Use Search Criteria Field

Benefit Alerts

Filter By: Effective Date from: May 26 2017 through Jul 26 2017

Classification: [Dropdown]

Client Name: [Text Box]

Search **View New Benefit Alerts**

3 Review the Benefit Alert

- View breakdown of reimbursements
- View Service Record Form

Client Name: [Blank]

Effective Date: 7/1/2017

Classification: New Population

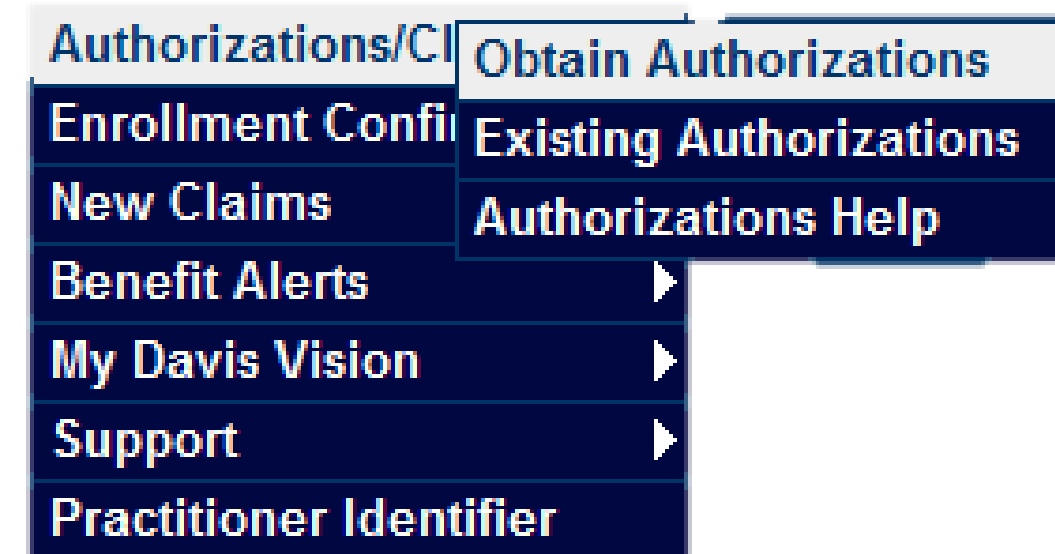
Payment Information: Exam Payment:
Dispensing Amount (complete pair):
Dr. Supplied Frame Reimbursement:
Dr. Supplied Contact Lens Reimbursement

Service Record Form: [View SRF](#)

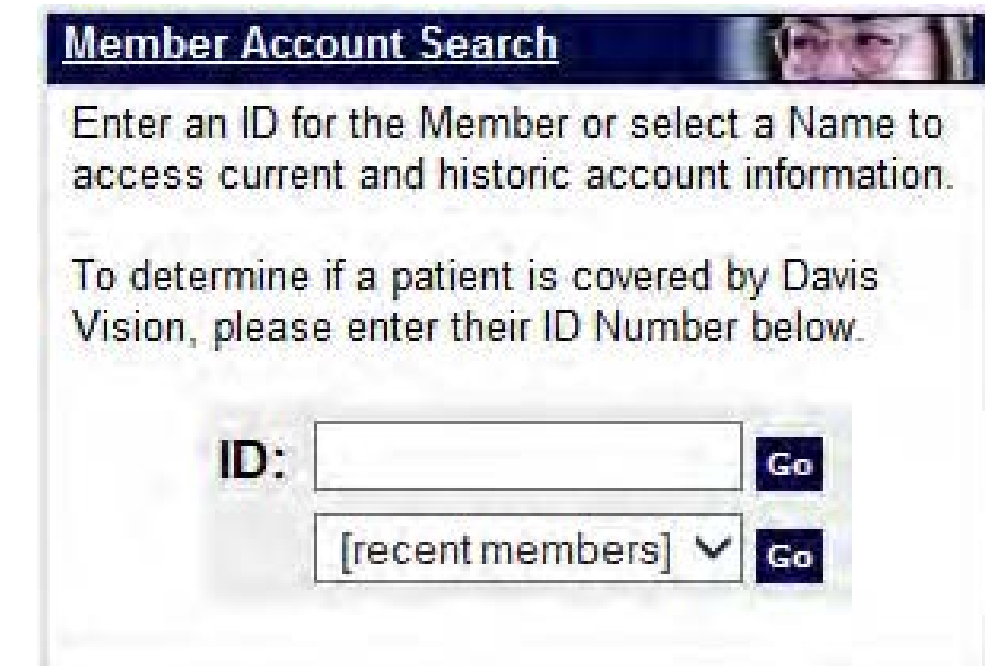
Description: subgroup effective 7/1/17: Carmel Office Staff Association

Obtaining Authorizations

1 Begin by entering an identification number



OR



2 Select the appropriate plan offering

Subscriber Name	Date of Birth	Click to Select
ROBERT MEMBER	01/01/1969	ABC COMPANY

3 Review available services and eligibility

Authorizations				
Name	Relationship	Authorization	Services	Action
ROBERT MEMBER	MEMBER	n/a	Examination 1 pair eyeglasses or contacts	Get Authorization
MARY MEMBER	SPOUSE	n/a	Examination 1 pair eyeglasses or contacts	Get Authorization
JOHN MEMBER	CHILD	n/a	Examination 1 pair eyeglasses or contacts	Get Authorization

Reviewing a Service Record Form

- View/Print the SRF once an authorization is obtained.

II. The Coverage Section provides plan level, benefit cycle detail and basic copays. Plan descriptions may vary by plan.

III. The Service Section provides the contact lenses coverage for Davis Vision supplied contact lenses via the formulary.

IV. The Allowance Section provides the monetary dollar amount available for non-plan materials. Allowance amounts may vary by plan.

V. The Options Section provides available options along with their respective copays and surfees.

- Patient Charge: upfront cost received from patient.
- Additional Dispense: what providers keep from the service rendered.
 - Difference from Patient Charge and Additional Dispense is Davis Vision Manufacturing Cost.

SECTION II - COVERAGE SECTION		
Plan Level:	Fashion	
Copayments:	Eye examination	\$10
	Frame	\$0
	Spectacle lenses	\$25
	Contact Lenses:	
	Premium Collection lenses - Plan 1	\$0
Plan Description:	An eye examination (including dilation), spectacle lenses and a frame or contact lenses in lieu of spectacle lenses. Visually Required contact lenses may be provided with prior approval.	

SECTION III - SERVICE SECTION	
C. Contact Lenses:	
Collection Lenses:	
Evaluation/Fitting	<input type="checkbox"/>
4 multi-packs* plan supplied Disposable lenses or:	<input type="checkbox"/>
2 multi-packs* plan supplied Planned Replacement lenses	<input type="checkbox"/>
Provider Supplied: Evaluation/Fitting: Standard	<input type="checkbox"/> Specialty <input type="checkbox"/>
Elective	<input type="checkbox"/>
Visually Required (prior approval required)	<input type="checkbox"/>

SECTION IV - ALLOWANCE SECTION		
Frame	Contact Lens Material	Visually Required Contact Lens Material
\$130	\$130	Paid in full (prior approval required)

SECTION V - OPTIONS SECTION			
Patient charges for selected options. Additional dispense will be paid by Davis Vision.			
Option	<input checked="" type="checkbox"/>	Patient Charge	Additional Dispense
Designer Frame	<input type="checkbox"/>	\$20	N/A
Premier Frame	<input type="checkbox"/>	\$40	N/A
Tinted Lenses	<input type="checkbox"/>	\$11	N/A
Ultraviolet Coating	<input type="checkbox"/>	\$12	\$6

⚠ BEST PRACTICE:



Print Service Record Form for Patient's records

Optical Orders for The Exclusive Collection

1 Select service type that your office provided

The patient is currently eligible for the following benefits:

Examination
1 pair eyeglasses or contacts

Select the type of Authorization you would like to obtain:

Examination & Materials
 Examination Only
 Materials Only

Get Authorization

2 Retrieve the authorization, view the SRF and enter a claim

Authorization Issued

Authorization Number: ABC-00000169
 Issue Date: 6/23/2017
 Expiration Date: 7/14/2017
 Examination Copayment: \$0.00
 Services: Examination
 1 pair eyeglasses or contacts

Void **Enter Claim**

View Service Record Form

3 Select the


- Service Date
- Check Exam (if applicable)

i If Exclusive Collection frame is chosen, select *Complete*

Service Date: **Today** **Yesterday**

Exam

No Materials

Complete (Lab-Supplied Spectacle Lenses and Frame) 

Single Vision Multi Focal Progressive

4 Provide the name of the provider/practice

Order:

Authorization: ABC-00000173
 Order Date: 6/26/2017
 Practitioner's Name:
 Service Date: 6/26/2017
 Pair#:

5 Provide the exam type, diagnosis and dilation information

Exam:

HCPCS Code:
 Exam Type:
 Diagnosis (ICD-10) Code 1: **Other:**
 Diagnosis (ICD-10) Code 2: **Other:**

6 Enter the lens material; be mindful of group provisions

Lens Material:

Material Category: Show All Plastic Glass Polycarbonate
 Polarized Photo Hi-Index

Material:
 Style:
 Color:

Optical Orders through Excel Advantage

1 Select service type that your office provided

The patient is currently eligible for the following benefits:

Examination
1 pair eyeglasses or contacts

Select the type of Authorization you would like to obtain:

Examination & Materials
 Examination Only
 Materials Only

Get Authorization

4 Provide the name of the provider/practice

Order:

Authorization: ABC-00000173
 Order Date: 6/26/2017
 Practitioner's Name:
 Service Date: 6/26/2017
 Pair#:

2 Retrieve the authorization, view the SRF and enter a claim

Authorization Issued

Authorization Number: ABC-00000169
 Issue Date: 6/23/2017
 Expiration Date: 7/14/2017
 Examination Copayment: \$0.00
 Services: Examination
 1 pair eyeglasses or contacts

Void **Enter Claim**
View Service Record Form

5 Provide the exam type, diagnosis and dilation information

Exam:

HCPCS Code:
 Exam Type:
 Diagnosis (ICD-10) Code 1: Other:
 Diagnosis (ICD-10) Code 2: Other:

3 Select the


- Service Date
- Check Exam (if applicable)

i If a collection is not available, select *Lab-Supplied Lenses Only - Order Frame through Excel Advantage*

Service Date: **Today** **Yesterday**

Exam

No Materials

Lab-Supplied Spectacle Lenses Only 

Single Vision Multi Focal Progressive

Dr.-Supplied Frame Patient-Supplied Frame Order Frame through Excel Advantage

6 Enter the lens material; be mindful of group provisions

Lens Material:

Material Category: Show All Plastic Glass Polycarbonate
 Polarized Photo Hi-Index

Material:
 Style:
 Color:

Optical Orders for **Provider Supplied Frames**

1 Select service type that your office provided

The patient is currently eligible for the following benefits:

Examination
1 pair eyeglasses or contacts

Select the type of Authorization you would like to obtain:

Examination & Materials
 Examination Only
 Materials Only

Get Authorization

2 Retrieve the authorization, view the SRF and enter a claim

Authorization Issued

Authorization Number: ABC-00000169
 Issue Date: 6/23/2017
 Expiration Date: 7/14/2017
 Examination Copayment: \$0.00
 Services: Examination
 1 pair eyeglasses or contacts

Void **Enter Claim**
View Service Record Form

3 Select the


- Service Date
- Check Exam (if applicable)

i If Provider-Supplied or Patient-Supplied frame is chosen, select *Lab-Supplied Lenses Only*

Service Date: **Today** **Yesterday**

Exam

No Materials

Lab-Supplied Spectacle Lenses Only 

Single Vision Multi Focal Progressive

Dr.-Supplied Frame Patient-Supplied Frame Order Frame through Excel Advantage

4 Provide the name of the provider/practice

Order:

Authorization: ABC-00000173
 Order Date: 6/26/2017
 Practitioner's Name:
 Service Date: 6/26/2017
 Pair#:

5 Provide the exam type, diagnosis and dilation information

Exam:

HCPCS Code:
 Exam Type:

Diagnosis (ICD-10) Code 1: **Other:**

Diagnosis (ICD-10) Code 2: **Other:**

6 Enter the lens material; be mindful of group provisions

Lens Material:

Material Category: Show All Plastic Glass Polycarbonate
 Polarized Photo Hi-Index

Material:

Style:

Color:

Order Entry Prescription Error Message

We have made order entry enhancements:

- To help ensure that Davis Vision members receive eyewear that is cosmetically appealing and provides optimal visual acuity
- For continued improvement in reducing remakes and improving quality of eyewear

Prescription:

To ensure your patients' eyewear is cosmetically appealing, please consider the following industry recommendations when selecting your patients' eyewear.
Frame (A + DBL) - Patient PD = Total Horizontal Decentration
Recommended Horizontal Decentration Ranges:


- Plano to ± 2.00 total power = 16mm Total Decentration or 8mm Monocular Decentration
- ± 2.00 to ± 4.00 total power = 10mm Total Decentration or 5mm Monocular Decentration
- ± 4.00 to ± 6.00 total power = 6mm Total Decentration or 3mm Monocular Decentration
- ± 6.00 & above total power = 4mm Total Decentration or 2mm Monocular Decentration

	Sphere	Cylinder	Axis	OC Height*	PD/Distance	PD/Near	PD Type**	Balance
Right:								<input type="checkbox"/>
Left:								<input type="checkbox"/>

*Specified from Frame Lower Edge
 ** Binocular PD Type: PD/Distance and PD/Near must be over 40.5.
 Monocular PD Type: PD/Distance and PD/Near must be between 15.5 and 40.0.
 Decentration PD Type: PD/Distance and PD/Near must be 15.0 or less.

	Prism (IN/OUT)	Prism (UP/DOWN)	Base Curve	Thickness	Thickness Mode
Right:	No Value	No Value			No Value
Left:	No Value	No Value			No Value

⚠ BEST PRACTICE:



**Refer to
[RxRecommendations](#)
 to fully optimize
 lens to frame
 dimensions**

← *Click on link to access*

Optical Orders for The Exclusive Collection & Provider Supplied Frames

BEST PRACTICE:



Refer to RxRecommendations to fully optimize lens to frame dimensions

7 Enter the prescription information (+ or – must be entered)

8 Enter the tint and coating information; be mindful of group provisions

Prescription:

	Sphere	Cylinder	Axis	PD/Distance	PD/Near	PD Type**	Balance
Right:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value=""/>	<input type="checkbox"/>
Left:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="checkbox"/>

** Binocular PD Type: PD/Distance and PD/Near must be over 40.5.
Monocular PD Type: PD/Distance and PD/Near must be between 15.5 and 40.0.
Decentration PD Type: PD/Distance and PD/Near must be 15.0 or less.

	Prism (IN/OUT)	Prism (UP/DOWN)	Base Curve	Thickness	Thickness Mode
Right:	<input type="text" value="No Value"/>	<input type="text"/>	<input type="text" value="No Value"/>	<input type="text"/>	<input type="text" value="No Value"/>
Left:	<input type="text" value="No Value"/>	<input type="text"/>	<input type="text" value="No Value"/>	<input type="text"/>	<input type="text" value="No Value"/>

Tint and Coatings:

Tint Type: None Solid Gradient Double Gradient

Tint Color	Tint Percent Top	Tint Percent Bottom
<input type="text" value="Select Tint Color"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="Select Tint Color"/>	<input type="text"/>	<input type="text"/>

Coatings:

Anti-Reflective Coating

Standard

Standard AEGIS AR Coating


Premium

Clear Shield

Essilor CRIZAL AR Coating

Scratch Coating

Scratch Coat

 Key Note: Scratch-Coating implements Scratch Protection Warranty Plan covered by plan or purchase

Optical Order for **The Exclusive Collection**

- 9 Enter the frame information; be mindful of frame availability

Lab-Supplied Frame:

Collection:

Style:

Color:

Temple Length:

Use frame from Tower, sending to lab:

Attention:
*Frames from Exclusive Collection are demo frames only.

- 10 Enter any additional services/special instructions if applicable

Additional Services & Special Instructions:

Additional Lens Services:

Additional Frame Services:

Special Instructions:

Optical Orders through **Excel Advantage**

- 9 Enter the frame Information, including retail price

Excel Advantage Frame:

Collection:

Style:

Color:

Temple Length:

Attention:
*You may order demo frames through Excel Advantage to display in office.

- 10 Enter any additional services/special instructions if applicable

Additional Services & Special Instructions:

Additional Lens Services:

Additional Frame Services:

Special Instructions:

Optical Order for **Provider Supplied Frames**

- 9 Enter the frame information; be mindful of frame availability

Dr.-Supplied Frame:

Manufacturer:

Style:

Frame Specification: (Eye/Bridge/Temple/Color)

Temple Type:

Retail Price: .

Edge Type:

Dr.-supplied frame material : Plastic Metal Frame sent to lab: Yes No

Attention:
Always send member's frame selection to lab.

- 10 Enter any additional services/special instructions if applicable

Additional Services & Special Instructions:

Additional Lens Services:

Additional Frame Services:

Special Instructions:

Optical Orders for Davis Vision Supplied Contact Lenses

1 Select service type that your office provided

The patient is currently eligible for the following benefits:

Examination
1 pair eyeglasses or contacts

Select the type of Authorization you would like to obtain:

Examination & Materials
 Examination Only
 Materials Only

Get Authorization

2 Retrieve the authorization, view the SRF and enter a claim

Authorization Issued

Authorization Number: ABC-00000169
 Issue Date: 6/23/2017
 Expiration Date: 7/14/2017
 Examination Copayment: \$0.00
 Services: Examination
 1 pair eyeglasses or contacts

Void **Enter Claim**
View Service Record Form

3 Select the


- Service Date
- Check Exam (if applicable)


i If Davis Vision Supplied Contact Lenses are chosen, select *Lab Supplied Contact Lenses*

Service Date: **Today** **Yesterday**

Exam

No Materials

Lab-Supplied Contact Lenses 

Dr.-Supplied Contact Lenses 

4 Provide the name of the provider/practice

Order:

Authorization: ABC-00000173
 Order Date: 6/26/2017
 Practitioner's Name:
 Service Date: 6/26/2017
 Pair#:

5 Provide the exam type, diagnosis and dilation information

Exam:

HCPCS Code:
 Exam Type:

Diagnosis (ICD-10) Code 1: **Other:**

Diagnosis (ICD-10) Code 2: **Other:**

6 Enter the contact type and prescription for each eye. Select Fitting Type

Lab-Supplied Contact Lenses:

Right Eye [Clear](#)
 Contact Type: [Copy to Left Eye](#)
 Prescription:

Left Eye [Clear](#)
 Contact Type: [Copy to Right Eye](#)
 Prescription:

Contact Lens Evaluation/Fitting:

Optical Orders for Doctor Supplied Contact Lenses

1 Select service type that your office provided

The patient is currently eligible for the following benefits:

Examination
1 pair eyeglasses or contacts

Select the type of Authorization you would like to obtain:

Examination & Materials
 Examination Only
 Materials Only

Get Authorization

2 Retrieve the authorization, view the SRF and enter a claim

Authorization Issued

Authorization Number: ABC-00000169
 Issue Date: 6/23/2017
 Expiration Date: 7/14/2017
 Examination Copayment: \$0.00
 Services: Examination
 1 pair eyeglasses or contacts

Void **Enter Claim**
View Service Record Form


3 Select the


- Service Date
- Check Exam

Service Date: **Today** **Yesterday**

Exam

No Materials

Lab-Supplied Contact Lenses 

Dr.-Supplied Contact Lenses 

i If Provider Supplied Contact Lenses are chosen, select *Dr. Supplied Contact Lenses*

4 Provide the name of the provider/practice

Order:

Authorization: ABC-00000173
 Order Date: 6/26/2017
 Practitioner's Name:
 Service Date: 6/26/2017
 Pair#:

5 Provide the exam type, diagnosis and dilation information

Exam:

HCPCS Code:
 Exam Type:

Diagnosis (ICD-10) Code 1: **Other:**

Diagnosis (ICD-10) Code 2: **Other:**

6 Enter the manufacturer, style, base curve and diameter, power, and retail price.

Dr.-Supplied Contact Lenses:

Manufacturer:
 Style:
 Base Curve & Diameter:
 Power:
 Type: Non-plan Contact Lenses
 Retail Price:

Optical Order for **Provider Supplied Frames**

Review your order summary below. You may edit the order again or submit the order to Davis Vision below.

11 Review the order Summary.

If changes need to be made, edit order.

You may save and complete the claim at a later time.

Attention:
Obtained Authorizations will expire after 30-45 days

If accurate and complete, submit the order.

Services:	Examination and Eye Glasses
Doctor's Name:	
Date of Services:	8/16/2017
Pair Number:	1
New Patient:	Yes
Comprehensive Examination:	Yes
Examination Type:	Routine Eye Exam
Diagnosis 1:	Z01.00 - Encounter for exam of eyes and vision w/o abnormal findings
Dilation:	Yes
Lens Status:	Lab-supplied lenses
Lens Material:	PLASTIC (CR39)
Lens Style:	SINGLE VISION /SV
Lens Color:	Clear
PD Type:	
Clear Shield :	Yes
Scratch Coat :	Yes
Frame Status:	Lab-supplied frame
Frame Collection:	Premier (blue tag)
Frame Style:	C BELLA/VIVA
Frame Color:	BROWN 4817STD
Frame Temple Length:	135
Additional Lens Service 1:	
Additional Lens Service 2:	
Additional Frame Service 1:	
Additional Frame Service 2:	
Special Instructions:	

Submit Order

Edit Order

Save Order to Complete Later

Payment Summary

The Payment Summary includes:

- Invoice Number
- Provider Payments

Attention:

Once you exit this screen, you will no longer have access

Explanation of Payments (EOP)

- Checks are issued every Friday.
An EOP will be included inside the envelope.

Would you like to fill in Provider Lab Survey?

**Thank you for submitting Your Order. Your order for MARY MEMBER has been received.
The Invoice Number for the services you entered is listed below:**

Invoice Number : 67095479

Please record the Invoice Number or print this page for future reference.

Provider Payment:
Examination Fee:
Examination Co-pay:
Material Dispensing Fee:
Material Co-pay/Option Charges:
Additional Dispensing Fee:
Non-plan Material Reimbursement:
Davis Vision Payment
* Total Reimbursement
* does not include overage collected on non-plan items

 **BEST PRACTICE:**



**Print payment
summary for office
records**

Sending **Provider Supplied Frame** Orders to the Lab

ENSURE FASTER DELIVERY FOR YOUR PROVIDER SUPPLIED FRAMES



1 - PRINT
Complete the order, and print the Davis Vision packing slip.



2 - WRAP
Wrap the packing slip around the frame, and secure with tape or rubber band.



3 - SHIP
Use the UPS labels supplied by Davis Vision to immediately ship the frame.

DON'T WAIT FOR ADDITIONAL ORDERS! SHIP FRAMES IMMEDIATELY AFTER ORDER ENTRY FOR FASTER PROCESSING.

DAVIS VISION
EYECARE REFRAMEDSM
For customer service: 1-800-888-4321

Packing Slip for Provider Supplied Frame

DON'T WAIT FOR ADDITIONAL ORDERS! SHIP FRAMES IMMEDIATELY AFTER ORDER ENTRY FOR FASTER PROCESSING.


(To expedite this order, please fold this packing slip around the frame so that the invoice number and patient name are visible. Thank you.)

REMINDER:

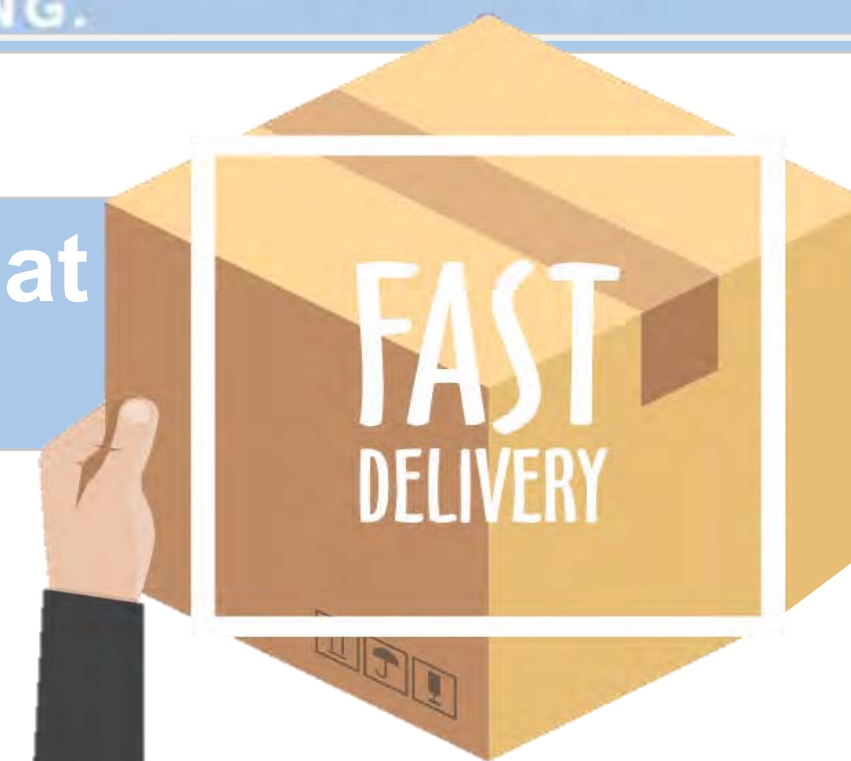
The following Provider supplied specialty frames are not accepted and will be returned without lenses:

- Oakley - Plastic Wrap
- Sunglass Frame
- Horn - Bone Material Frames
- Maui Jim - All Frames
- Google Glass - All Frames
- Lindbergh - Frameless Drill Mount

Date Of Order: 2/16/2012
 Provider Number: 12345
 Invoice Number: 12345678
 Patient Name: John Smith
 Frame Mfg: VIVA
 Frame Style: SuperFrame
 Frame Color: Red
 Frame Eye: 47
 Frame Bridge: 18
 Frame Temple: std


 12345678

If you have any questions please contact us at
1-800-584-3140



! BEST PRACTICE:


Print packing slip

Attention:
Always note the order tracking number.

Retrieving Saved and Existing Orders

Saved Orders

- Access saved orders using the navigation menu

Authorizations/Claims	
Enrollment Confirmations	
Orders	New Orders
Benefit Alerts	Saved Orders
My Davis Vision	Order Tracking
Support	Excel Advantage
Practitioner Ident	Packing Slips
	Remake Order



Saved Orders				
Filter By: Entry Date from: Jan 1 2000 through Jun 26 2017				
<input type="button" value="Search"/>				
Date Entered	Patient Name	Authorization Number	Ticket Number	Action
4/8/2010			not submitted	Edit Delete Submit
3/12/2009			not submitted	Edit Delete Submit

Existing Orders

- Access existing orders using the navigation menu or the provider home shortcut

Authorizations/Claims	
Enrollment Confirmations	
Orders	New Orders
Benefit Alerts	Saved Orders
My Davis Vision	Order Tracking
Support	Excel Advantage
Practitioner Ident	Packing Slips
	Remake Order



Work in Progress			
Order Date	Patient Name	Invoice Number	Status
4/23/2011			ORDER RECEIPT
4/23/2011			In Process
4/23/2011			ORDER RECEIPT
4/23/2011			In Process
4/23/2011			In Process



Order Tracking				
Filter By: <input checked="" type="radio"/> Order Date from: Jan 1 2002 through Jun 26 2017				
<input type="checkbox"/> Show only non-shipped orders				
<input type="radio"/> Ship Date from: Jan 1 2002 through Jun 26 2017				
<input type="radio"/> Invoice Number: <input type="text"/>				
Sort By: Frame-To-Follow				
<input type="button" value="Search"/>				
Order Date	Patient Name	Invoice Number	Status	Ship Date
4/18/2011			Shipped	4/21/2011 Track
4/18/2011			Shipped	4/21/2011 Track

Placing Remake Orders

- 1 Request remake orders by using the navigation menu and searching by invoice/authorization number



Remake Existing Order

Select Order By: Invoice Number:

Authorization Number: - Pair Number:

Continue >>

- 2 Select a remake reason
 - Remakes made through the portal are for reasons covered by the warranty only
 - Contact 1-800-888-4321 for remake reasons not listed

Remake Existing Order

Remake Reason: Choose Remake Reason

If the remake reason is not listed above, please contact Davis Vision at 1-800-888-4321 to place your remake order.

- 3 Select the appropriate material and frame disposition that will be remade
 - Review the order summary and submit the request

Remake Existing Order

Remake Reason Selected: FRAME RECEIVED DOES NOT MATCH ORDER FROM INVOICE

Please select the eyewear material that needs to be remade: Complete Remake Order (Frames and Lenses) Remake Frames Only

Will you send the frames back to your Davis Vision primary laboratory for insertion of new lenses? Yes No

THE EXCLUSIVE COLLECTION

Excel Advantage Program



The Exclusive COLLECTION

Provided at No Cost to Independent Providers



LUCKY BRAND



PERRY ELLIS

GANT
EYEWEAR

JONES NEW YORK

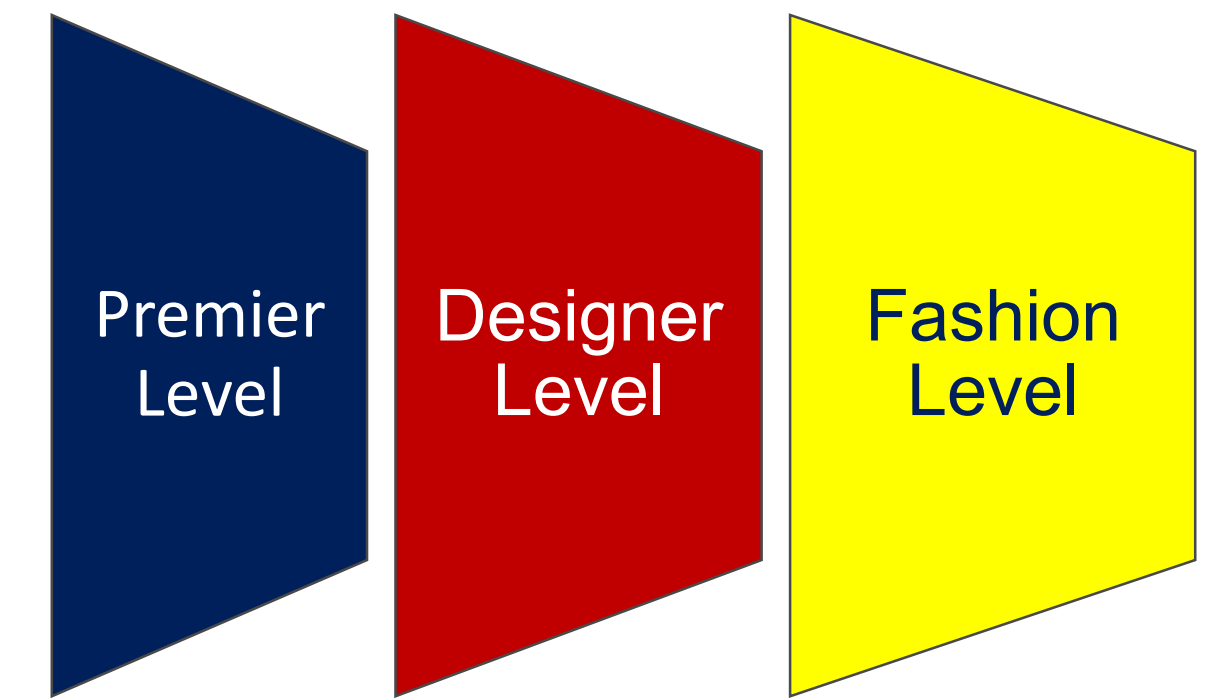
Candie's
eyewear

Tower Dimensions:
22" x 5.5'



DAVIS VISION
EYECARE REFRAMEDSM

31



Frame Plan Legend

222 Frames on Consignment
Free one-year Breakage Warranty
Only request is to maintain the collection
All Providers may order a collection frame
through Excel Advantage

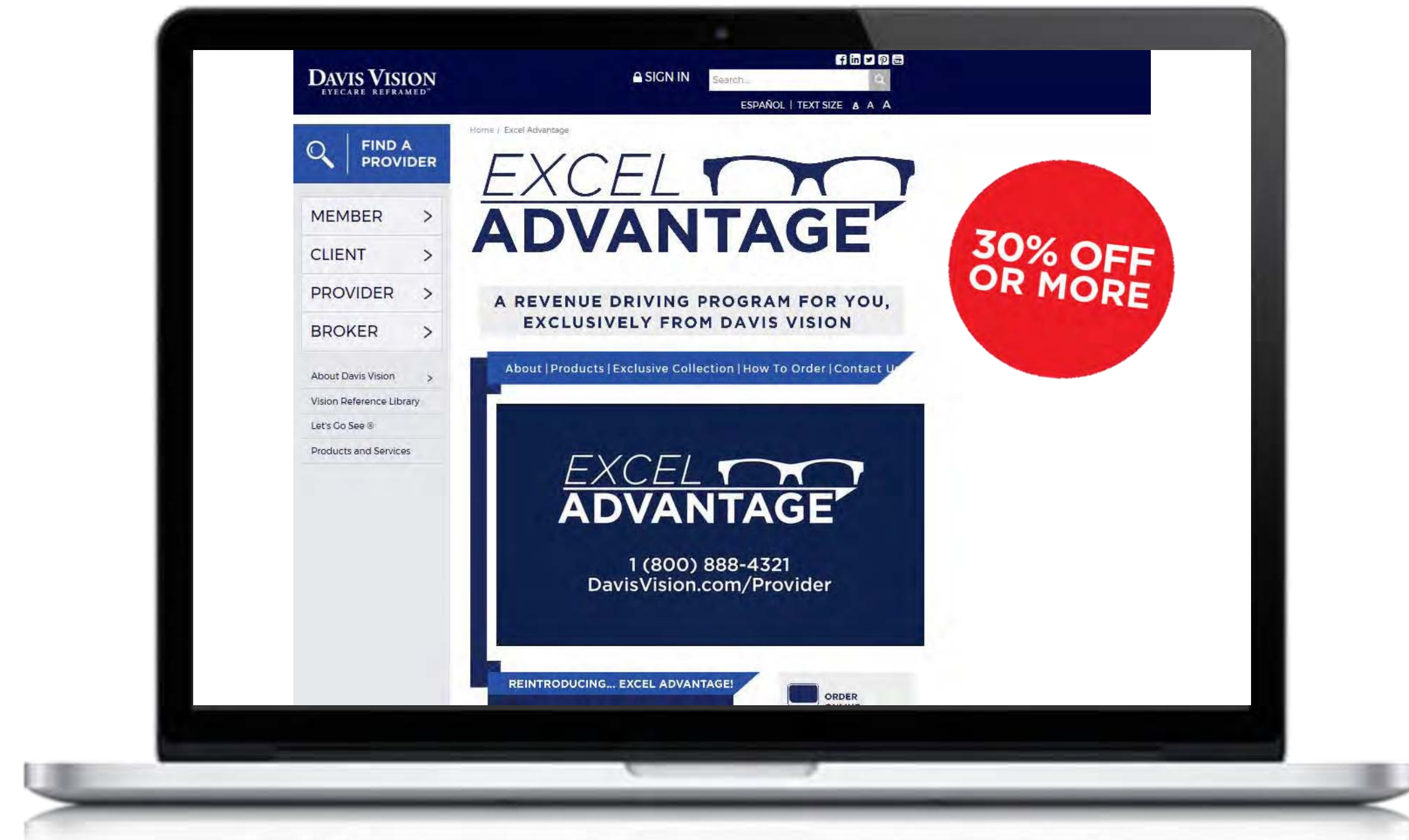


Excel Advantage

The Excel Advantage Program is an exclusive program for Davis Vision Providers that allows you to purchase frames from the Exclusive Collection and determine your own retail price.

Excel Advantage Website

- ✓ Increase your revenue with this program you can buy our frames below wholesale cost and set your own retail price for Non-Davis members.
- ✓ Frames are covered by our one year warranty
- ✓ May also purchase safety frames and eyeglass cases
- ✓ Many benefits allow members to select prescription Safety Frames in lieu of a Dress Frame
- ✓ No additional shipping charges, no minimum order requirements and most orders ship within 48 hours



⚠ BEST PRACTICE:



**Download Poster
of Safety Frames**

Placing Excel Advantage Orders

- 1 Use the Navigation Menu or Provider Home Shortcut
- 2 Select the type of Excel Order
(frame, lens or contact)
- 3 View the item summary and submit the order



Order: help

Order Date: 6/27/2017 Patient's Last Name: stock order

Excel Advantage Frame: help

Collection:

Style:

Color:

Temple Length:

Sending Frame to Lab:

Quantity: Price:

[View Item Summary](#) [Cancel](#)

! BEST PRACTICE:



Pay upfront with credit card or choose 30-day net invoicing.

! BEST PRACTICE:



Print "Browse Frames" for product and price listings.

CONTACT NUMBERS

 **Provider Services**

1-800-584-3140

Monday – Friday: 8AM – 6PM EST

 **Excel Advantage**

1-800-933-9375

Go to www.davisvision.com

 **Order Entry**

1-800-888-4321

Go to www.davisvision.com

 **Utilization Review**

1-800-584-2329

Monday – Friday: 8AM – 6PM EST

 **Quality Assurance**

1-888-343-3470

Go to www.davisvision.com

 **Website Assistance**

1-800-943-5738