

Township of North Bergen

Vision Care Service Record

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



SECTION I - PATIENT SECTION	
Employee	_____
Patient Name:	_____
Employee ID No.:	_____
Authorization No.: ZZH	_____
Authorization Date:	_____

SECTION II - COVERAGE SECTION	
Plan Level:	Designer
Copayments:	
Eye examination	\$0
Frame	\$0
Spectacle Lenses	\$0
Contact Lenses	
Evaluation/fitting	\$0
Evaluation/fitting with provider supplied	15% discount
Premium Collection lenses - Plan 1	\$0
- 4 multi-packs* plan supplied Daily Disposable lenses, Disposable lenses, or Disposable Specialty lenses	
- 2 multi-packs* plan supplied Planned Replacement lenses	
Plan Description:	
An eye examination (including dilation), contact lens evaluation/fitting, spectacle lenses and frame, or contact lenses in lieu of eyeglasses. The contact lens evaluation/fitting is NOT a separate component of the benefit. It must be received in conjunction with a dispense of contact lenses. Visually Required contact lenses may be provided with prior approval.	

SECTION III - ALLOWANCE SECTION		
Frame	Contact Lens Material	Visually Required Contact Lens Material
\$130 plus 20% discount off overage	\$130 plus 15% discount off overage	Paid in full (prior approval required)

PLEASE NOTE:

- Authorization is valid for 21 days. If expired, call **1-800-773-2847** prior to rendering services.
- 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.

* Number of contact lens boxes may vary based on manufacturer's packaging.

** For included Fashion and Designer level frames, a \$10 additional dispense will apply.

***No copayment/additional dispense for dependent children, monocular patients and patients with Rx +/-6.00 or greater.

SECTION IV - OPTIONS SECTION		
Patient charges for selected options. Additional dispense will be paid by Davis Vision.		
Option	Patient Charge	Additional Dispense
Premier Frame**	\$25	\$10
Ultraviolet Coating	Included	\$ 6
Scratch-Resistant Coating	Included	N/A
Premium Scratch Resistant Coating	\$30	\$5
Scratch Protection Plan Single Vision	\$20	\$10
Scratch Protection Plan Multifocal	\$40	\$10
Photochromic Lenses	\$20	\$10
Blended Segments	\$20	\$10
Digital Single Vision Lenses	\$30	\$10
Standard Progressive Addition Multifocals	\$50	\$30
Premium Progressive Addition Multifocals	\$90	\$30
Ultra Progressive Addition Multifocals	\$140	\$55
Ultimate Progressive Addition Multifocals	\$175	\$60
Polycarbonate Lenses***	Included	\$20
Standard ARC (anti-reflective coating)	\$35	\$ 7
Premium ARC (anti-reflective coating)	\$48	\$ 7
Ultra ARC (anti-reflective coating)	\$60	\$10
Ultimate ARC (anti-reflective coating)	\$85	\$17
Polarized Lenses	\$75	\$25
High Index Lenses 1.67	\$55	\$25
High Index Lenses 1.74	\$120	\$40
Trivex Lenses	\$50	\$20
Blue Light Filtering	\$15	\$ 7
Tinted Lenses	Included	N/A
Mirror Coat	\$86	\$56
Edge Polish	\$22	\$14
High Luster Edge Polish	\$70	\$63
Roll & Polish	\$16	\$ 6
Roll Edge	\$24	\$14
Rimless Drill	\$66	\$49
Slab Off	\$186	\$76
Specialty Lens (myodisc, lenticular grind, double sided grind)	\$206	\$170
Plastic Photosensitive Lenses	\$65	\$25

SR03042E 10/9/19

 You have specific ERISA appeals rights regarding your vision care benefits. These rights may be obtained in detail by contacting Davis Vision at 1-800-999-5431 or writing to:

Quality Assurance Department
 P. O. Box 1525
 Latham, NY 12110

Appeals must be made within 180 days of the date of service.