

INSURANCE

Operations Guide

TABLE OF CONTENTS

PREPARE – Overview, Insurance Demographics, & Eligibility Verification

Common Terms.....	PG 4	Confirming Eligibility (Medical).....	PG 17
Patient Journey Overview.....	PG 5	Determining Copays.....	PG 23
Insurance Process Overview.....	PG 6	Medicare.....	PG 25
Entering Insurance (REV).....	PG 7	Traditional Medicare.....	PG 26
Entering Insurance (Eclips).....	PG 9	Medicare Advantage.....	PG 27
Scanning Insurance Cards.....	PG 13	Prepare – FAQ.....	PG 28
Confirming Eligibility (Routine).....	PG 14		

Routine Insurance- Invoicing, Processing, & Claim Filing

Patient Journey Overview.....	PG 30	Routine Invoicing – RevEHR	PG 40
Insurance Process Overview.....	PG 31	Routine Invoicing – Eclips	PG 46
Routine Balances in E.H.R.....	PG 32	Routine Invoicing – Ciao!	PG 51
Determining the Right Payer.....	PG 33	Routine Claim Filing.....	PG 57
Multiple Invoices in Ciao.....	PG 34		

Medical Insurance- Invoicing, Processing, & Claim Filing

Patient Journey Overview.....	PG 65	Medical Invoicing – Eclips	PG 77
Insurance Process Overview.....	PG 66	Medical Invoicing – Ciao!	PG 82
Medical Balances in E.H.R.....	PG 67	Medical Invoicing – Examples	PG 88
Determining the Right Payer.....	PG 68	Reading Ciao! Receipts	PG 91
Medical Invoicing – RevEHR	PG 69	Medical Claim Filing.....	PG 92
Patient Invoicing – RevEHR	PG 75		

After the Visit – Patient Collections, Audits, & Common Billing Errors

Patient Journey Overview.....	PG 95	Audits	PG 107
Insurance Process Overview.....	PG 96	Common Billing Errors – RevEHR....	PG 113
Patient Collections	PG 97	FAQ	PG 117

Autocalculation Plans..... [PG 118](#)

Selecting the Correct Plan	PG 120	Spectera Entry	PG 132
EyeMed Entry	PG 123	Versant Entry	PG 136
VSP Entry	PG 126	VBA Entry	PG 138

Integration Week..... [PG 118](#)

Prepare

Overview, Insurance Demographics, & Eligibility Verification



- **Subscriber/insured:** Primary enrollee on the insurance policy.
- **Dependent:** Usually, a spouse or child of an insured. Anyone else that is on the primary policy holder's plan.
- **Allowable amount (aka Fee Schedule):** The maximum amount an insurance company will pay for a covered service.
- **Prior authorization:** Permission required for some services depending on the insurance provider, an insurance company's "permission slip" before care is given.
- **Contractual Write-offs:** The difference between what a provider charges for a service and what the insurance company has agreed to pay (the allowable amount) under their contract. In other words, it's the portion of the bill the provider is not allowed to collect from the patient because of their agreement with the insurance company.
- **Usual & Customary (U&C):** The retail cost of a service or product.
- **Copay:** A set dollar amount determined by the insurance provider that a patient pays at every visit for a covered service until their out-of-pocket maximum is met.
- **Deductible:** The amount a patient pays each year before their insurance begins to cover costs. If their deductible has NOT been met, the patient is responsible for the insurance allowed amount for each service, not the full retail price of the service.
- **Co-insurance:** The patient's share of the cost, shown as a percentage, paid after their deductible is met. Example: the insurance plan may pay 80% of the service, but the patient is still responsible for the other 20%, even after their deductible is met.
- **Out-Of-Pocket Maximum:** The most a patient would pay for covered services in a plan year. After patients spend this amount on copays, coinsurance, and deductibles, their health plan pays 100% of the costs of covered benefits. They do not have to pay a copay or coinsurance once out-of-pocket maximum has been met.
- **What is the difference between coinsurance, copay, and deductible?**
 - Patients pay their deductible first.
 - Then, they pay coinsurance (a percentage) until they reach their out-of-pocket maximum.
 - Copays are flat fees paid at every visit (unless being seen as part of Cataract post-op care) and may apply separately from the deductible.
- **Is it legal to waive deductibles and copays?**
 - No. Waiving patient responsibility is not legal and may be considered insurance fraud. We must collect the full patient portion as required by the insurance plan.
 - When a claim is submitted, the insurance company applies the patient's share toward their deductible or visit limits. If we waive or write off that amount, the insurance still gives the patient credit as if they paid—meaning they receive benefits they haven't earned.
 - EXAMPLE: A service costs \$100. The patient owes a \$10 copay, and insurance pays \$90. If you do not collect the \$10 copay, the insurance still counts it toward the patient's deductible even though it wasn't paid. We do not get the money we are owed, and the patient gets credit for \$10 that they never paid.



Consultative selling (needs-based selling) focuses on understanding and addressing the specific needs of the patient. It involves identifying the patient's goals, challenges, and pain points, and then positioning our products as the solution that best meets those needs.

LEARN about the patient by reviewing history and insurance, even before they arrive. When in clinic, facilitate a conversion around lifestyle, pain points, and needs. Ensure this information is travels with the patient.

LISTEN actively during patient hand-off and ensure to ask additional questions to understand the patients needs. This will guide your sales approach and what products and services to recommend today.

LEAD with a single recommendation for each product to meet lifestyle or prescription needs. Assume the sale and create value. Showcase our preferred products and share the benefits with the patient.

vision
to care, together

	Prepare	Learn	Listen	Lead	Review	After
STANDARDS	Fill the Books Insurance Welcome	Get To Know Your Patient Consultation	Hand Off Consider Solutions (Product + Service + Referrals)	Assume The Sales Recommend Products	Accurate Entry OneSight Thank You	Order Management Pick Up Optical Expert
TOOLS + RESOURCES	Data Capture Fill The Books	Patient Questionnaire Intake Form	OD Hand Off Observation	LensSimulator SmartShopper Lens Portfolio Guide Contact Price Card Promotions	EyeRuler2 Patient Referral	Take Action Tab Eyewear Analysis
KPI IMPACT	Exam Growth Fill Rate No Show Rate	Sales Comp Sales	Retail Capture OD Productivity Average \$ Patient	Multiples Sun Avg \$ Spec Unit/Lens Avg \$ CL, Annual Supply	EPP EyeRuler Grateful Patient Google Review	Google Review RTFT Reject Dwell

PREPARE INSURANCE

	Actions	What Does It Sound Like
Capture Medical + Vision	<p>PCC: (can also be done at time of appointment scheduling)</p> <ul style="list-style-type: none"> Capture all insurances (Routine + Medical Primary, Medical Secondary) for all patients regardless of exam type. Document in EHR. At check-in, scan all insurance cards (front and back). 	<p>Team Member: I know you're coming in for a medical exam, but I'd like to update/confirm our records. Do you still have VSP as well as Blue Cross for medical?</p> <p>I don't see a routine insurance carrier on file. Do you have routine coverage along with medical?....Please make sure to bring all insurance cards with you.</p>
Eligibility/ Pre-Auth	<p>PCC:</p> <ul style="list-style-type: none"> Use Trizetto or carrier's website to confirm eligibility, copays, and/or deductibles within 24-48 hours prior to patient arrival. Document in E.H.R or via office protocols (make sure it's clearly documented and easily found by all team members). 	<p>Team Member: Great- now that we have your insurance details, we will check authorization ahead of time and collect copays/deductibles at the time of your visit. Of course, if you add or change services, we will update you on what you can expect to pay.</p>
Co-Pay + Deductible	<p>PCC: (at check in)</p> <ul style="list-style-type: none"> Educate patient on copays (or potential copays). Inform patient that you will be collecting copays at some point during the visit. Confirm eligibility and copays are clearly visible for the team (listed on routing sheet, printed and on clipboard, etc.). 	<p>Team Member: Mrs. Smith, it looks like you have an overall \$10 copay for the routine exam. If you choose to add a contact lens exam or imaging, there will be additional fees that the technicians will review with you as needed.</p>

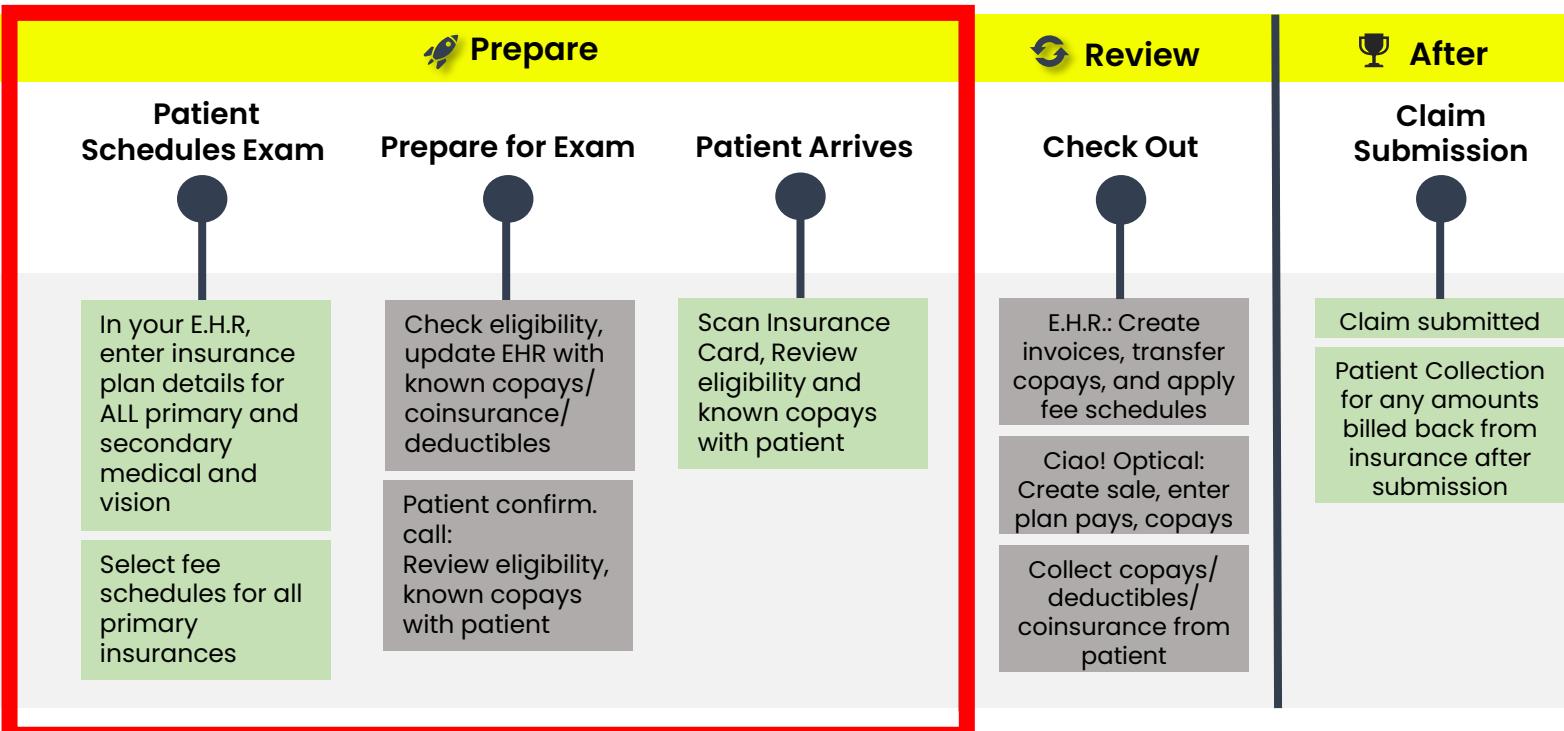
Note: If your patient reschedules their appointment, cancel your original authorization and pull a new one for the rescheduled appointment.

Insurance Process Overview



RETURN TO TABLE
OF CONTENTS

Below is a high-level overview of the insurance process



- **Eligibility must be verified PRIOR to the patient's appointment.**
 - **Check Trizetto and/or Insurance carriers' website ahead of time to know the patient copay/deductible/coinsurance.**
- All copays/coinsurance/deductibles must be collected at the time of service.
 - We do not do back bill (i.e., you can not bill the insurance carrier to see what is covered and then send the patient an invoice.)
- ALL services must be recorded in BOTH the E.H.R. AND Ciao! Optical (point-of-sale).
- ROUTINE: Balances are zeroed out in the EHR. Claims are billed directly out of Ciao! Optical or through insurance portals.
- Claim submission will vary depending on office and insurance. Refer to your insurance guide or consult your billing team for claim billing responsibility.
- Improper billing may result in unnecessary write-offs and a greater chance of aging patient balances.
- MEDICAL: Balances are left in the EHR. Claims are billed and reconciled out of the EHR. Materials being billed directly to medical carriers should also be entered into the EHR.
- SECONDARY: Medical billers will manage secondary claim filing once primary insurance has been billed.
- Any overpayments will be refunded.

[Click HERE](#) to be redirected to the Patient Journey to watch RevolutionEHR How-To-Videos.

Entering Insurance

RevolutionEHR



Entering Insurance

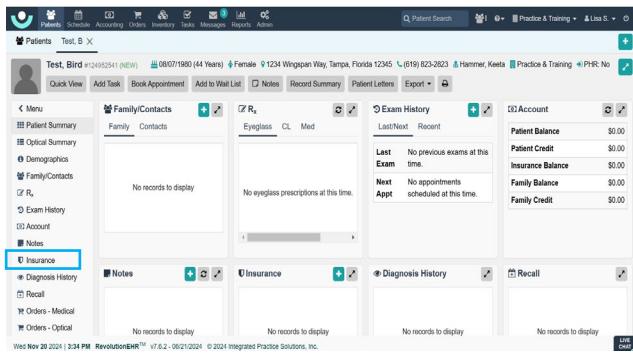
RevolutionEHR



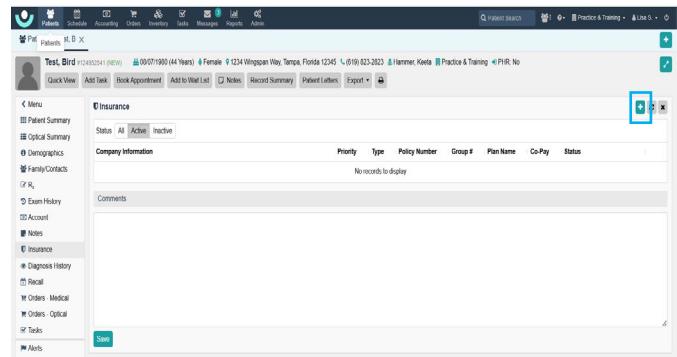
RETURN TO TABLE
OF CONTENTS

- Confirm the patient's name in the E.H.R. is **exactly as it appears** on the insurance card, including any middle initial. If primary and secondary cards list the name differently, use the name from the primary card.
- Always enter insurance information for Primary, Secondary, Medical, and Routine insurances.**
- There are several ways to open the insurance screen — from the schedule pod, patient search, or during check-in/encounter. Use the method that works best for you. Steps 2 and 3 are the same no matter how you access the insurance screen.

1 Once the patient is pulled up, Click **insurance** from the navigation bar on the left side of the screen.

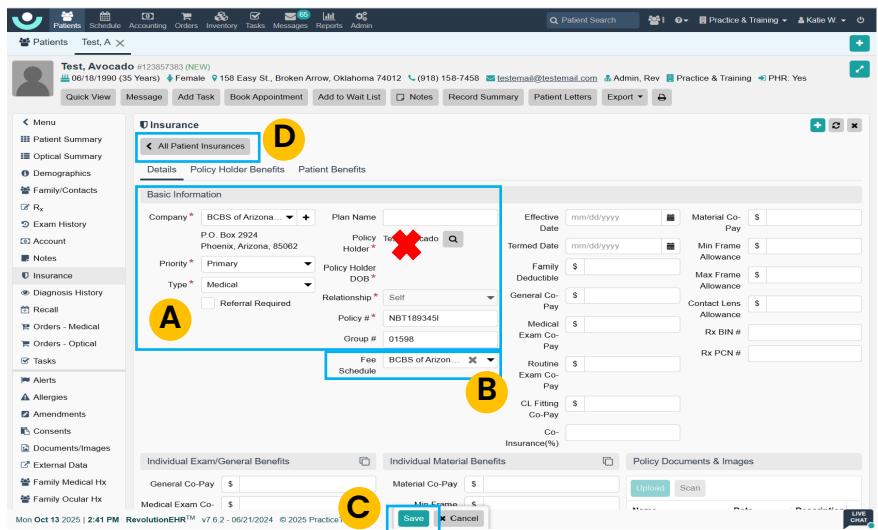


2 Click the **+** icon on the right side to add an insurance plan.



3

- Select the **Insurance Company, Priority, and Type** from the Dropdown menus. Use the claims address and payer ID listed on the card to ensure the correct plan is selected. Enter the **ID number without** dashes, spaces, or special characters. Include the **group number** if listed.
- Select the correct **Fee Schedule** for Primary Medical and Routine. DO NOT assign a fee schedule to any secondary insurances.
- Select "Save" at the bottom of the Screen.
- To add additional insurance, click "All Patient Insurances" and repeat steps 1-3.



Primary Medical + Routine:
Confirm the correct fee schedule is selected. This will be important during check-out.

Do NOT assign a fee schedule to secondary insurances.

Select the correct policy-holder, but make sure you update the member ID if it is not the same for each member (i.e. 01, 02 at the end). NOTE: If you select a policy-holder, the fee schedule will be pulled from the policy-holder's insurance demographics.

Tip: You can enter additional details by scrolling down on the page and it will print on your routing/fee slip!

Entering Insurance

Eclips

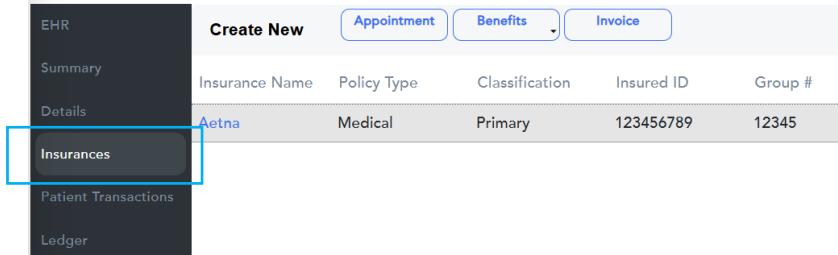
ENTERING INSURANCE ECLIPS



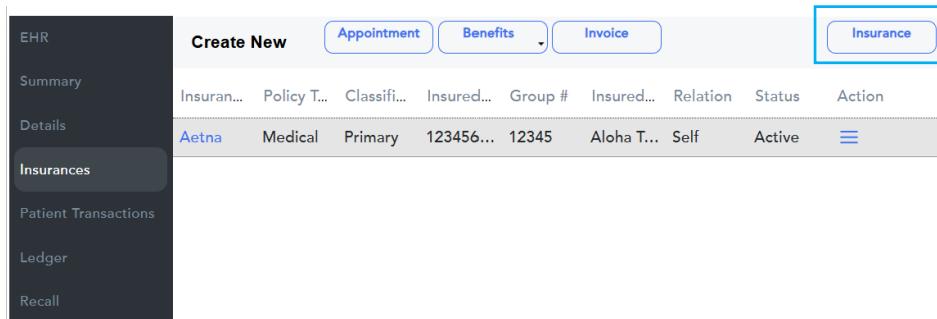
RETURN TO TABLE OF CONTENTS

1 Access The Patient Either From The **HOME** Or **PATIENT** Tab

Once The Patient Is Pulled Up, Select Insurance On Left Side To Enter The Insurance Section



2 Click "Insurance" On The Top Right To Add A Plan



3 Complete all fields accurately and Save. Repeat this step for each insurance (Medical, Routine, Primary, Secondary, etc.):

- Insurance Name
- Status
- Policy Type (Medical, Vision)
- Insured ID (**NO special characters or spaces**)
- **DO NOT** enter Valid dates- it will not print on glance sheets if dates are not current
- Classification (Primary, Secondary, Tertiary)
- Primary Member information (Note- if member has different ID, you must enter the correct info)
- Address (this will already be populated if the patient has completed DIF)

Aloha Test (34/U) PREFERRED COMMUNICATION NEXT SCHEDULED APPOINTMENT

Date of Birth: 01/01/1991 Balance: \$ 1-LToddart@Luxotticaretail.com Home

Chart #: PT611073 Pref. Location: T Pref. Provider:

New Insurance

Details

Insurance Name:

Valid Dates:

Classification:

Plan Name:

Group #:

Status: Active Inactive

Policy Type:

Insured ID:

SSN

Notes:

CANCEL **Save**

ENTERING INSURANCE ECLIPS



RETURN TO TABLE OF CONTENTS

4 When you verify eligibility, enter the patient benefits into the chart for easy access. From the Insurance tab, click “Benefits” then select the insurance you are verifying.

EHR
Summary
Details
Insurances

Create New Appointment Benefits Invoice

Aetna (Medical-Primary)

Insurance N...	Policy Type	Classification	Insured ID	Group #	Insured Na...	Relation	Status	Action
Aetna	Medical	Primary	123456789	12345	Aloha Test	Self	Active	

5 Click “New Benefit Request” in the upper right corner.

Benefits Aetna (Medical-Primary) Close View Vision Benefit Summary **New Benefit Request**

Aloha Test (34/U)
Balance \$0.00 Date of Birth 01/01/1991
Chart # PT611073 Pref. Location Triangle Visions
Legacy # Pref. Provider

Preferred Communication
1- LSToddart@Luxotticaretail.com Home

Next Scheduled Appointment

Benefit	Status	Date Received	Expiration Date	Linked Appointments	Location	Action
No Record to Display						

6 Confirm “Enter Benefit” is selected, then select location, provider, Benefit Type, Eligibility date and (if applicable) Eligibility/Authorization #.

Patient/Insured Details Aloha Test Patient Self Relationship to Insured 123456789 Insured ID

Insurance Aetna (Medical-Primary)
Aetna Copy Plan - SC
PO Box 981106
El Paso, TX 79998-1106 Upload **Enter Benefits** Electronic

Encounter
Begin/End Date Location T051 - Triangle Visions 320 South Churton Street, Hillsborough, NC 27278-2509 Address
Provider Clark Optometric Cen 1588619217 NPI
BenefitType **Eligibility** Authorization

Eligibility
Effective/Expiration Date Eligibility #

ENTERING INSURANCE ECLIPS



RETURN TO TABLE
OF CONTENTS

7

Enter eligibility information for each commodity (Exam, Contact Lens, Spectacle Lens, Frames, any special notes, then click "Save".

New Benefit

Close Save

Examination

Eligible Yes No Next Eligible Date:

Dilation Yes No Copay Frequency

Coverage

Contact Lens

Eligible Yes No Next Eligible Date:

Copay Frequency

Coverage

Allowance

Spectacle Lens

Eligible Yes No Next Eligible Date:

Copay Frequency

Coverage

Allowance

Frames

Eligible Yes No Next Eligible Date:

Copay Frequency

Coverage

Allowance

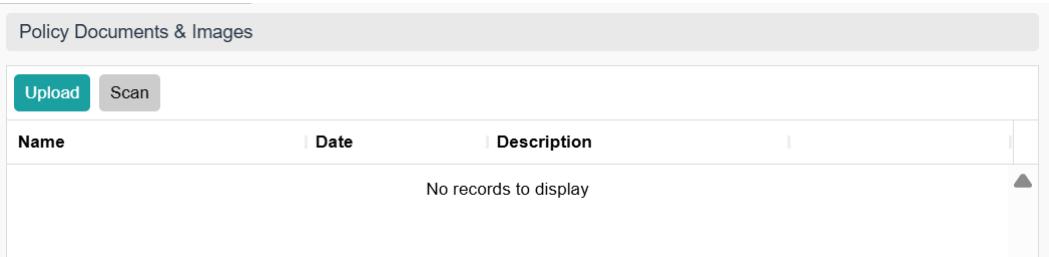
Benefit Notes

+



ALL Insurance cards should be scanned (front and back) into the patient's insurance demographics under "Policy Documents & Images" in the E.H.R.

You can either upload a saved document from your computer or click "Scan" to directly scan the patient's card into the chart from your desktop scanner.



Scanning a patient's insurance card into the patient record is a small step that prevents a lot of downstream problems. It ensures correct billing, faster claims, fewer denials, and better patient experience — while protecting the practice legally and financially.

- **Accurate billing & claims submission** — the insurer name, member ID, group number, payer phone, and billing address on the card are needed to submit claims correctly. One wrong digit can cause a denial or delayed payment.
- **Verify coverage & eligibility** — the card shows plan type and sometimes the effective date; staff can check eligibility and benefits before services are provided.
- **Coordination of benefits** — having the card helps identify primary vs. secondary payers and avoid misrouting claims.
- **Prior authorization / referrals** — plan details (e.g., HMO vs. PPO, referring physician requirements) determine whether prior auth or referrals are needed.
- **Identify patient relationship to subscriber** — card often shows whether patient is the subscriber or a dependent (spouse/child) — important for billing and balance responsibility.
- **Reduce patient frustration** — fewer billing errors and re-bills means better patient satisfaction and fewer collection issues.
- **Proof for audits & appeals** — an image of the card supports appeals, audits, or disputes with payers.
- **Legal / compliance recordkeeping** — keeping accurate payer info is part of good medical recordkeeping; ensure it's stored in a HIPAA-compliant way.

Confirming Eligibility

ROUTINE VISION PLANS



**Post Integration:**

You may have the same Eyefinity login as before, or you may be assigned a new login. Confirm the correct login with your billing manager.

- Check Eyefinity for all coverage details
- Print the benefit summary ahead of exam (whenever possible)
- Verify you order glasses from the correct lab
- Resources: Product index, plan pays, out of pocket, etc.

For VSP, pull **separate authorizations** for exam (first auth) and materials (second auth).

- Confirm you have entered the correct authorization for the applicable service:

**Auth #1- Exam**

OR

**Auth #2- Materials****EYEFINITY SUPPORT – Click the box to view the video:**[How to Check Eligibility & Authorize Benefits \(4 min\)](#)[Administering Contact Lens Exam Copay with Materials Allowance \(3 min\)](#)[How to Read the Patient Record Report \(7 min\)](#)[How to Determine Frame Coverage and Patient Cost \(3 min\)](#)[Calculating Lens Option Coverage and Patient Cost \(4 min\)](#)[Determine Contact Lens Coverage & Patient Cost \(4 min\)](#)[Contact Lens Exam Copay with Materials Allowance Benefit Examples \(4 min\)](#)[Submitting Claims Exam Only \(7 minutes\)](#)[Submitting Claims Exam and Basic Glasses \(9 minutes\)](#)[Submitting Claims Glasses with Enhancements \(8 minutes\)](#)[Submitting Claims Exam and Contacts \(7 minutes\)](#)



Post Integration:

You may have the same login as before, or you may be assigned a new login. Confirm the correct login with your billing manager.

- Check Insurance portal for all coverage details
- Print the benefit summary ahead of exam (whenever possible)
- Verify you order glasses from the correct lab

Confirming Eligibility

MEDICAL PLANS



Trizetto



Trizetto Access

- All team members checking eligibility should have their own Trizetto login.
- If you hire a new employee or need access changes, contact your Billing Manager.
- A valid email and cell phone number is required for two-factor authentication.
- Trizetto does not integrate with your ELID- meaning it will not update when you reset your password from the Ciao! Toolkit.
- If you do not log in for 90 days, your account will be deactivated. Contact your Billing Manager for assistance.

Checking Eligibility

- Use Trizetto to verify each patient's insurance eligibility, deductible, and copay **before** the Date of Service (DOS).
- All insurance payors should be available in Trizetto. If any payors are missing, contact your Medical Billing Manager.
- You can also use the insurance carrier's website or Availity to confirm copays and eligibility if needed.

Once logged in, on the home page there are video tutorials to help you navigate the system.

The screenshot shows the Trizetto software interface. At the top, there is a navigation bar with tabs: Home, Reports, Manage Claims, Manage Payments, Manage Patients, and Resources. Below the navigation bar, there is a 'Work Flow-Daily Tasks' section with a list of tasks: Run Safety Net Report, Analyze Rejections, Run Transaction Summary, Monitor Staff Productivity, and Analytics. To the right of this section is a 'Performance at a glance' report card. The report card includes a 'Practice Performance' chart showing rejection percentages from August 2023 to June 2024. The chart compares 'Your Error Rates' (grey bars) and 'Trizetto Provider Solutions Customers Average Error Rate' (orange line). Below the chart is a 'Report Card' section with a legend: Your Error Rates (grey), Trizetto Provider Solutions Customers Average Error Rate (orange), and Trizetto (blue). To the right of the report card is a 'UPCOMING TRAINING' box with a 'Sign up today' button and a 'NEED HELP?' box with a 'Try our HELP VIDEOS' button. At the bottom of the page, there are several accreditation logos: Cooperative Exchange, MGMA Gold Affiliate, EHNAC ACCREDITED, CAOH CORE CERTIFIED, and EDIFIECS.

TRIZETTO NAVIGATION



RETURN TO TABLE OF CONTENTS

To Login to Trizetto, follow the steps below:

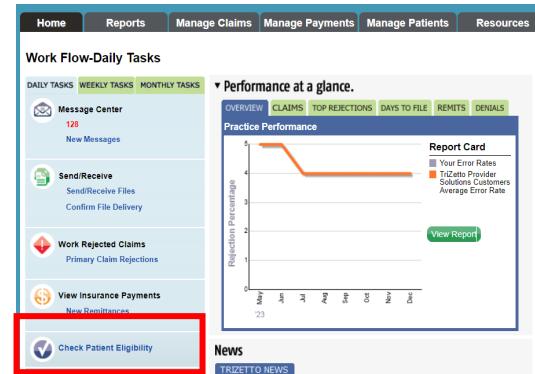
1 Access the Trizetto website via the link in Toolkit (pg 1)



2 Log in with your unique User ID & Password



3 You can check patient Eligibility from the home page or by selecting the **Manage Patients Tab**



4 Select Run Individual Inquiry

Check Patient Eligibility

Check to see if patients are covered by their insurance company.

Run Individual Eligibility Inquiry

Search Eligibility Transaction History

Run Eligibility Usage Report

5 Select Payor

Check Patient Eligibility

Check to see if patients are covered by their insurance company

Run Individual Eligibility Inquiry

Eligibility Payers

- Blue Cross Blue Shield
- Commercial
- Medicaid
- Medicare
- Military

Edit Payer List

Disclaimer: The eligibility response, as presented by Trizetto Provider Solutions, is not a guarantee of payment. Furthermore, the response does not guarantee payment and is not intended to be a guarantee of payment.

6

- Select the **Carrier** from the drop downs on the left
- Select the **Date Of Service & Provider**
- Enter **Subscriber or Dependent ID Number** and **DOB**
- On the right side, under **Service Type Code**, confirm:
 - 98 is added for **Office Visit Specialist**
 - AL for **Vision**
 - 1 for **Medical Care**

Note- if payor or group not listed- email Tracy Martinez

Check Patient Eligibility

Check to see if patients are covered by their insurance company

Run Individual Eligibility Inquiry

*This is an estimate of the benefits provided under this contract. Any payment is subject to coordination of benefits with any other insurance that may cover the services rendered and the coverage being in effect on the date of service. If your plan requires a Primary Care Physician (PCP) your PCP would be responsible for providing or referring services. The above information is being displayed within 24 hours of being processed.

Date of Service: 07/23/2024 **NPI**: **Select Provider** **Edit Provider**

Search By: **Subscriber ID** **Subscriber Date of Birth** **Submit Eligibility Inquiry**

Service Type Code: **Type to search**

- 1 - Medical Benefit Plan Coverage
- 2 - Medical Care
- 3 - Surgical
- 4 - Consultation
- 5 - Lab
- 6 - Diagnostic X-Ray
- 7 - Radiation Therapy
- 8 - Urgent Care
- 9 - Other Medical
- 10 - Other
- 11 - Other
- 12 - Other
- 13 - Other
- 14 - Other
- 15 - Other
- 16 - Other
- 17 - Other
- 18 - Other
- 19 - Other
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- 97 - Other
- 98 - Other
- 99 - Other

Click to add this search feature

It's added and system will search (clicking will remove search)



7

- Once a transaction has been submitted, a response screen will be displayed containing the patient's eligibility information
- You will see a message stating **Active Coverage** or **Inactive Coverage**
- This information can be printed by using the printer icon in the upper right-hand corner
- This information will also be stored for up to 18 months under the **Search Eligibility Transaction History** link in your **Check Patient Eligibility** section
- You can also save and upload to the patient's profile in RevolutionEHR

Submitted By: FrontDeskStaff Submission Date: 5/19/2021 9:15:02 AM Submitted Type: Website
Trace Number: 174926496

Individual Eligibility Response for: **Active Coverage**

Judith
DOB: 4/

Insured ID: 418602
Eligibility Date: 1/2/2009
Service Date: 4/20/2009

Patient Information **Benefit Information**

► Patient
► Subscriber
► Provider
► Payer

- If a patient's eligibility inquiry doesn't return information, you will see an error message (e.g., payor system down, patient not active, invalid patient or provider information, etc.)
- The error message will guide you on next steps (e.g., contact payor directly, try again if completing in preparation, etc.).

8

- Navigate to the **Benefit Information** Tab to view coverage details such as **Copays and Deductibles**
- If searching a medical plan, it will show you the vision carrier but not check eligibility

Coverage Level	Service Type	Insurance Type	Description	Amount	Authorization	Network Indicator	Procedure Code
Benefit	Health Benefit Plan Coverage	OPEN ACCESS PLUS					
	Health Benefit Plan Coverage	PHS					

► Co-Insurance
► Deductible



- Review the information and note the deductibles, copay amount and any other pertinent information (deductible amounts, remaining balances, etc.) in RevolutionEHR

Patient Information
Benefit Information
▶ Expand All
▼ Collapse All

▶ Active Coverage

▶ Co-Insurance

▶ Co-Payment

Coverage Level	Service Type	Insurance Type	Description	Amount	Authorization	Network Indicator	Procedure Code
Individual	Professional (Physician)			\$0 per Visit		Not Applicable	
Plan Begin 1/1/2021 - 12/31/2021							
Message: SPECIALIST							
Individual	Chiropractic						
Individual	Hospital - Inpatient						
Individual	Hospital - Outpatient						
Individual	Emergency Services						
Individual	Professional (Physician) Visit - Office						
Individual	Physical Therapy						
Individual	Urgent Care						
Plan Begin 1/1/2021 - 12/31/2021							
Individual	Professional (Physician)			\$0 per Visit		Not Applicable	
Plan Begin 1/1/2021 - 12/31/2021							
Message: SPECIALIST							
Individual	Chiropractic						
Individual	Hospital - Inpatient						
Individual	Hospital - Outpatient						
Individual	Emergency Services						
Individual	Professional (Physician) Visit - Office						
Individual	Physical Therapy						
Individual	Urgent Care						
Plan Begin 1/1/2021 - 12/31/2021							

▶ Deductible

▶ Limitations

▶ Out of Pocket (Stop Loss)

▶ Health Care Facility

DETERMINING PATIENT RESPONSIBILITY



DETERMINING COPAYS

Commercial Insurance



RETURN TO TABLE
OF CONTENTS

Patient has BCBS with a Specialist Copay for services:

Optometrist are considered "Specialist" when it comes to Medical Insurance. **We will collect the Specialist Copay.**

- In this example, the patient has a \$50 Specialist Copay

Commercial Insurance - Copay Plan (\$50)				
	U&C Fee	Allowed \$	Ins \$	Patient OOP
99214	\$ 150.00	\$ 83.50	\$ 33.50	\$ 50.00
92134	\$ 100.00	\$ 37.15	\$ 37.15	\$ -
92083	\$ 120.00	\$ 43.75	\$ 43.75	\$ -

Patient has BCBS with a Deductible/Co-Insurance plan for services:

If the patient has NOT met their annual deductible, they are responsible for paying the allowed amounts for each service.

- In this example, the patient has not met their deductible. The insurance company will not pay any additional money for this claim. **If we do not collect the money from the patient, we will not get any payment for services.**

Commercial Insurance - Deductible Plan - NOT Met				
	U&C Fee	Allowed \$	Ins \$	Patient OOP
99214	\$ 150.00	\$ 83.50	\$ -	\$ 83.50
92134	\$ 100.00	\$ 37.15	\$ -	\$ 37.15
92083	\$ 120.00	\$ 43.75	\$ -	\$ 43.75

Patient has BCBS with a Deductible/Co-Insurance plan for services:

If the patient has met their annual deductible, they are responsible for paying the co-insurance % of the allowed amounts for each service.

- In this example, the patient has met their deductible and has a 20% co-insurance.

Commercial Insurance - Deductible Met. 20% - Co-Ins				
	U&C Fee	Allowed \$	Ins \$	Patient OOP
99214	\$ 150.00	\$ 83.50	\$ 66.80	\$ 16.70
92134	\$ 100.00	\$ 37.15	\$ 29.72	\$ 7.43
92083	\$ 120.00	\$ 43.75	\$ 35.00	\$ 8.75

Patient has BCBS and has met their Out-of-Pocket Maximum/Limit for the year:

- In this example, the patient has met their out-of-pocket maximum and is **NOT** required to pay any Copay or Co-Insurance for service. **(Except non-covered services)**

Commercial Insurance - Deductible AND Out of Pocket Max Met				
	U&C Fee	Allowed \$	Ins \$	Patient OOP
99214	\$ 150.00	\$ 83.50	\$ 83.50	\$ -
92134	\$ 100.00	\$ 37.15	\$ 37.15	\$ -
92083	\$ 120.00	\$ 43.75	\$ 43.75	\$ -
92015	\$ 50.00	\$ -	\$ -	\$ 50.00
92310	\$ 80.00	\$ -	\$ -	\$ 80.00



Traditional (Part A and Part B) VS Medicare Advantage Plans (Part C):

Traditional (standard) Medicare, Part A and Part B are administered and run by the federal government. Part A covers hospital care and Part B covers for doctor visits. (Red, white and blue card with an eagle at the top).

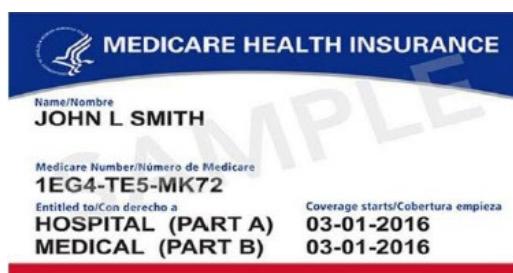
If a patient has Part A coverage only then we do **not** file to Medicare because Part A will not apply to TeamVision Office Visits. Traditional Medicare has a yearly deductible that the patient must meet before Medicare will pay. The deductible period starts every year on January 1st and changes every year. Once the patient has met his or her deductible then Medicare will start to pay 80% of their allowable amount for each charge. The patient is responsible for the 20% of the U&C fees unless they have a secondary supplemental insurance.

Traditional Medicare does not cover for a refraction (92015) because they consider a refraction as routine vision. Traditional Medicare only covers for medical diagnoses. They will not cover any routine diagnosis codes.

Part C, also known as Medicare Advantage, is administered and run by private insurers. A Medicare Advantage plan is a policy obtained through an insurance company such as: Aetna, United Healthcare, BlueCross BlueShield, etc.

These plans REPLACE standard Medicare and follow Medicare guidelines – aside from some plans covering a refraction.

With a Medicare Advantage plan, instead of the patient being subject to a Medicare deductible and 20% co-insurance, they usually have fixed copay rates. (Ex: \$45 Specialist Office Visit) Medicare Advantage plans are simply a different way of getting Part A and Part B coverage.





Traditional (Part A and Part B) Examples:

Example 1: Patient comes in for routine eye exam (no medical diagnosis) and wants an updated prescription for glasses.

- Patient pays 100% for both comprehensive visit and refraction.

Example 2: Patient comes in, and Doctor codes visit as medical (medical diagnosis required). Patient also wants to update prescription for glasses.

- Patient is responsible for 100% of allowable amount for office visit if deductible has not been met, or 20% of allowable amount if they have met their deductible.
- Patient is responsible for 100% of refraction charge because this is not a covered benefit.

Deductible NOT met				
	Allowed \$	Medicare	Secondary	Patient OOP
99214	\$ 83.50	\$ -	\$ -	\$ 83.50
92015	\$ 50.00	\$ -	\$ -	\$ 50.00
92134	\$ 37.15	\$ -	\$ -	\$ 37.15
92083	\$ 43.75	\$ -	\$ -	\$ 73.75

Deductible MET w/Secondary				
	Allowed \$	Medicare	Secondary	Patient OOP
99214	\$ 83.50	\$ 66.80	\$ 16.70	\$ -
92015	\$ 50.00	\$ -	\$ -	\$ 50.00
92134	\$ 37.15	\$ 29.72	\$ 7.43	\$ -
92083	\$ 43.75	\$ 35.00	\$ 8.75	\$ -

Deductible MET w/o Secondary				
	Allowed \$	Medicare		Patient OOP
99214	\$ 83.50	\$ 66.80		\$ 16.70
92015	\$ 50.00	\$ -		\$ 50.00
92134	\$ 37.15	\$ 29.72		\$ 7.43
92083	\$ 43.75	\$ 35.00		\$ 8.75



Medicare Advantage Plans (Part C):

These plans **REPLACE** traditional Medicare.

Part C, also known as Medicare Advantage, is administered and run by private insurers. Medicare care advantage plans follow Medicare guidelines but may provide more coverage than traditional Medicare including coverage for refractions.

Medicare Advantage plans will usually have fixed copay rates. You will always collect the specialist copay.

Medicare Advantage plans are simply a different way of getting Part A and Part B coverage.



Medicare Supplement Plans (Most common Plans are F or G):

A Medicare Supplement Plan is always secondary to traditional Medicare.

Some plans will cover both Medicare's deductible and coinsurance.
In most cases Plan F will cover both.

Some will not cover Medicare yearly deductible such as Plan G and Plan N.

However, benefits will need to be verified as there are different variations of each plan type

Patients will always tell you their secondary covers the deductible, but that is NOT the case. If their secondary does pay, we will send a refund to the patient.

- **How do we manage plans that do cover one visit outside of their deductible?** Treat this as you would any other patient with a medical plan noted in the outlined process. Collect any known copays or amounts owed at the time of service provided.
- **What do we do if a patient wants to pay \$0 at time of service and see what's covered by insurance first?** We will collect known patient responsibility amounts up front (include copays, coinsurance, deductibles, etc.). It's the patient's responsibility to pay at the time of service provided.
- **What do we do if a patient has an outstanding balance and is coming in for another service and/or follow-up?** Patient collection is managed on the back-end with RevolutionEHR, Trizetto, and the Assignment Billing Team. The process can vary by location, so confirm the proper processing method with your Medical Biller.
 - Patients can be directed to the payment link on their statement.
 - If the site has access to Transaction Express, credit card payments for patient statements can be collected using the Transaction Express portal.
 - Cash or Checks for patient statement payments should be deposited into the NCNO account.
- **How does secondary coverage work within this process?** Secondary insurance policy information must be entered into RevolutionEHR. **You will not assign charges to the secondary plan in the EHR or Ciao! Optical.** Only the primary is attached to the order. Your Medical Billing Manager will manage the claims process for any secondary plans after primary filing has been completed.
- **What do I do if a fee schedule is missing in my E.H.R.?** Connect with your Medical Biller to add this to your E.H.R.

Ciao! Optical Formula (Only used with Generic/Bill Actual Plans):

Retail Price (RP) - Plan Pays (PP) = Discount (D)

Medical Test					
		Order Worksheet			
		Order Price Calculator			
Services		Retail Price	You Pay	Plan Pays	Discount
92004 New Comprehensive		\$172.00		\$3.95	\$6.00
92113 Optic Nerve OCT		\$90.00		\$72.00	\$18.00
92071 Therapeutic BCL OD		\$50.00		\$50.00	\$0.00
ADD-ON ONLY PACKAGE ARTICLE		\$0.00		\$0.00	\$0.00
Total		312.00	0.00	175.95	54.00
Benefit Calculation Notes					

1. Copay Column = What the patient pays us
 - This is its own column and not part of the above formula
 - This could be an overall copay or any out-of-pocket expense the patient is expected to pay
2. Plan Pays = What the insurance pays us
 - Service Fee = Plan Pays when it's a covered item
3. If there is a dollar amount in the copay column, the formula "RP = PP + D" applies
 - Example: For Crizal Rock (not covered by VSP), the patient is charged \$85 and this is input in the copay column in Ciao.
 - If there is an amount in the copay column, then you need to make sure that there are numbers in the PP & D columns (above formula).
 - The discount would be the retail price of Crizal Rock line, and the plan pays would be \$0 because patient is paying for this add-on.

ROUTINE INSURANCE

Invoicing, Processing, and Filing



Consultative selling (needs-based selling) focuses on understanding and addressing the specific needs of the patient. It involves identifying the patient's goals, challenges, and pain points, and then positioning our products as the solution that best meets those needs.

LEARN about the patient by reviewing history and insurance, even before they arrive. When in clinic, facilitate a conversion around lifestyle, pain points, and needs. Ensure this information is travels with the patient.

LISTEN actively during patient hand-off and ensure to ask additional questions to understand the patients needs. This will guide your sales approach and what products and services to recommend today.

LEAD with a single recommendation for each product to meet lifestyle or prescription needs. Assume the sale and create value. Showcase our preferred products and share the benefits with the patient.

vision
by kate together

	Prepare	Learn	Listen	Lead	Review	After
STANDARDS	Fill the Books Insurance Welcome	Get To Know Your Patient Consultation	Hand Off Consider Solutions (Product + Service + Referrals)	Assume The Sales Recommend Products	Accurate Entry OneSight Thank You	Order Management Pick Up Optical Expert
TOOLS + RESOURCES	Data Capture Fill The Books	Patient Questionnaire Intake Form	OD Hand Off Observation	LensSimulator SmartShopper Lens Portfolio Guide Contact Price Card Promotions	EyeRuler2 Patient Referral	Take Action Tab Eyewear Analysis
KPI IMPACT	Exam Growth Fill Rate No Show Rate	Sales Comp Sales	Retail Capture OD Productivity Average \$ Patient	Multiples Sun Avg \$ Spec Unit/Lens Avg \$ CL, Annual Supply	EPP EyeRuler Grateful Patient Google Review	Google Review RTFT Reject Dwell

PREPARE INSURANCE

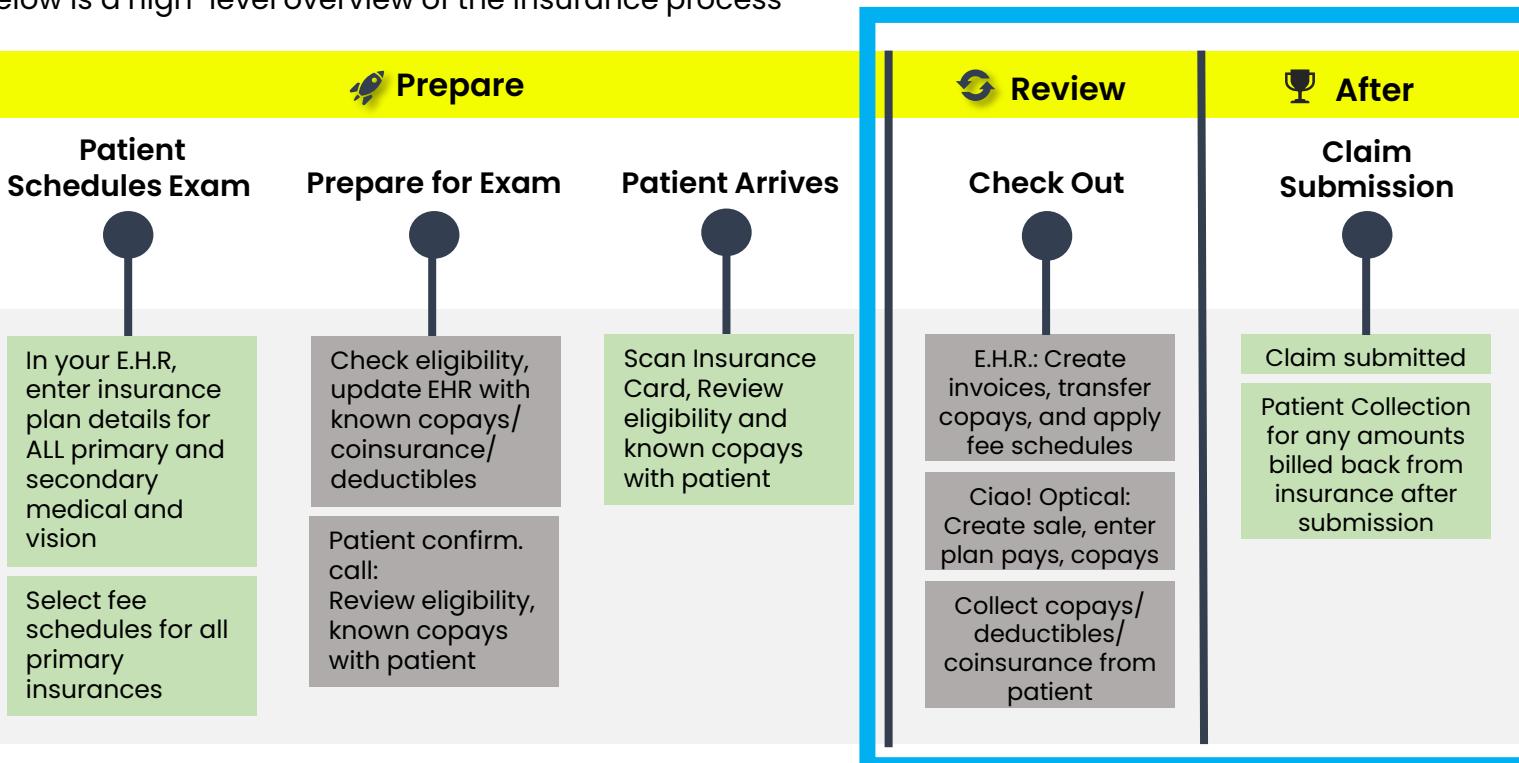
	Actions	What Does It Sound Like
Capture Medical + Vision	<p>PCC: (can also be done at time of appointment scheduling)</p> <ul style="list-style-type: none"> Capture all insurances (Routine + Medical Primary, Medical Secondary) for all patients regardless of exam type. Document in EHR. At check-in, scan all insurance cards (front and back). 	<p>Team Member: I know you're coming in for a medical exam, but I'd like to update/confirm our records. Do you still have VSP as well as Blue Cross for medical?</p> <p>I don't see a routine insurance carrier on file. Do you have routine coverage along with medical?....Please make sure to bring all insurance cards with you.</p>
Eligibility/ Pre-Auth	<p>PCC:</p> <ul style="list-style-type: none"> Use Trizetto or carrier's website to confirm eligibility, copays, and/or deductibles within 24-48 hours prior to patient arrival. Document in E.H.R or via office protocols (make sure it's clearly documented and easily found by all team members). 	<p>Team Member: Great- now that we have your insurance details, we will check authorization ahead of time and collect copays/deductibles at the time of your visit. Of course, if you add or change services, we will update you on what you can expect to pay.</p>
Co-Pay + Deductible	<p>PCC: (at check in)</p> <ul style="list-style-type: none"> Educate patient on copays (or potential copays). Inform patient that you will be collecting copays at some point during the visit. Confirm eligibility and copays are clearly visible for the team (listed on routing sheet, printed and on clipboard, etc.). 	<p>Team Member: Mrs. Smith, it looks like you have an overall \$10 copay for the routine exam. If you choose to add a contact lens exam or imaging, there will be additional fees that the technicians will review with you as needed.</p>

Insurance Process Overview



RETURN TO TABLE
OF CONTENTS

Below is a high-level overview of the insurance process



- Eligibility must be verified PRIOR to the patient's appointment.
 - Check Trizetto and/or Insurance carriers' website ahead of time to know the patient copay/deductible/coinsurance.
- All copays/coinsurance/deductibles must be collected at the time of service.**
 - We do not do back bill (i.e., you can not bill the insurance carrier to see what is covered and then send the patient an invoice.)**
- ALL services must be recorded in BOTH the E.H.R. AND Ciao! Optical (point-of-sale).**
- ROUTINE: Balances are zeroed out in the EHR.**
- Claim submission will vary depending on office and insurance. Refer to your insurance guide or consult your billing team for claim billing responsibility.**
- Improper billing may result in unnecessary write-offs and a greater chance of aging patient balances.**
- MEDICAL: Balances are left in the EHR. Claims are billed and reconciled out of the EHR. Materials being billed directly to medical carriers should also be entered into the EHR.
- SECONDARY: Medical billers will manage secondary claim filing once primary insurance has been billed.
- Any overpayments will be refunded.

[Click HERE](#) to be redirected to the Patient Journey to watch RevolutionEHR How-To-Videos.



	Medical Insurance	Routine Insurance	Private Pay/Non-Covered Services
E.H.R. Fee Schedule	<p>Apply the Medical Fee Schedule</p> <ul style="list-style-type: none"> If copay is owed, transfer copay to patient that pulls from insurance amount owed, the plan pays will be reduced. If deductible, transfer whatever the patient is paying to the deductible from the insurance plan pays. The plan pays may be \$0. Claim will be filed to show patient applied money towards their deductible. 	Apply Routine Fee Schedule which will zero out balance	N/A
Copay in the E.H.R.	<ul style="list-style-type: none"> Bulk assign to medical carrier > Apply Fee Schedule > Enter Patient Copayment Leave Insurance invoice as pending- DO NOT AUTHORIZE Complete second invoice for services that are considered patient responsibility 	Do not transfer. There are no patient balances left in the E.H.R.	N/A
Balance Left in EHR	Insurance amount owed – After Fee Schedule and Patient Payment Applied	None (discounted down to zero)	Record patient payment.
Ciao Optical!	<p>Post in Ciao!</p> <ul style="list-style-type: none"> If copay, make sure that's in the copay column and that the amount patient pays is correct If deductible, amount also goes copay. If the insurance amount from EHR is \$0, there is \$0 in plan pays. 	Record in Ciao!	Both invoices should be \$0 – patient paid
\$0 patient balance should be left in E.H.R. (medical insurance balance only)			
<p>Optomap:</p> <ul style="list-style-type: none"> Private pay: Assign to patient and record as paid in E.H.R. Routine: Discount services in E.H.R Medical: Assign to medical invoice. Transfer copay/coinsurance/deductible to patient, and record as paid in E.H.R. 			



An optometrist decides whether to bill medical or routine insurance based on **the reason for the visit and the diagnosis**.

Routine insurance (like VSP or EyeMed) is used when the primary purpose of the visit is a vision exam:

- Checking eyesight, updating glasses or contact lens prescription
- Managing general eye health without a medical complaint
- Example: “Blurry vision” or “needs new glasses.”
- Routine Diagnosis Codes typically begin with H52.XXX or Z01.XX
- Common Routine Exam and Diagnosis Codes:

Exam Codes	
92014, 92004	Comprehensive Exam
92012, 92002	Intermediate Exam
92015	Refraction

Diagnosis Codes		Diagnosis Codes	
Hyperopia		Regular Astigmatism	
H52.00	Unspecified Eye	H52.229	Unspecified Eye
H52.01	Right Eye	H52.221	Right Eye
H52.02	Left Eye	H52.222	Left Eye
H52.03	Bilateral	H52.223	Bilateral
Myopia		Irregular Astigmatism	
H52.10	Unspecified Eye	H52.219	Unspecified Eye
H52.11	Right Eye	H52.211	Right Eye
H52.12	Left Eye	H52.212	Left Eye
H52.13	Bilateral	H52.213	Bilateral

- **Medical insurance** (like Blue Cross, Aetna, or Medicare) is used when the patient has a medical complaint or diagnosis affecting the eyes or vision.
 - Example: Red eyes, diabetes, cataracts, dry eye, glaucoma, eye pain, or infections.
 - Medical Diagnosis Codes vary greatly based on condition.
 - **If a doctor assigns a medical diagnosis to a covered service, it MUST be billed to the medical insurance.**
- **Non-Covered (Private Pay) Services**- Coverage varies per patient. Refer to your patient's individual benefit summary to determine the services being provided are covered by their plan. A few common services that **may not be covered**:
 - 92015 Refraction for Medicare patients
 - S9986 Optomap/Retinal imaging photos
 - Specialty Contact Lens Fittings
 - Some Vision Therapy Services
 - Late Cancellation/No show fees

GENERAL RULE: If the diagnosis code does not start with H52 or Z01, there is a HIGH likelihood it is medical.

MULTIPLE INVOICES

CIAO! Optical



WHAT: When multiple invoices are created for the same patient in Ciao! Optical, it inflates the true number of exams being performed by the office. Anything that is selected in the dropdown menu in Ciao! Optical (Exam or Add-on only package) counts toward your location's exam count. Whenever possible, all services should be listed together on the same invoice in Ciao! Optical.

EXAMPLE: Patient Suzy Q comes in, and you process one invoice for exam, one for refraction, and one for Optomap. This will look like Suzy Q received three exams on your office report. Instead, bill out all three services on one invoice so they only count as one exam.

WHY: Accurate exam counts help Doctors and Field teams strategize and set appropriate goals for each location. It also makes processing in Ciao! Optical more efficient and saves time for your location.

HOW: There are only three situations where staff **should enter multiple invoices** in Ciao! Optical:

1. Contact Lens Fittings

- **VSP plans with a 15% discount only.** These are true discount plans, not billable insurance.
- Create a separate private pay invoice and use discount code 30638 in X-Store.

2. Optomap Retinal Photos

- For **VSP Medicaid** and **Community Eyecare** plans, if Optomap is included on the same invoice, the entire claim will be denied.
- Enter Optomap/non-covered services on a separate private pay invoice in Ciao! Optical.

3. Medical and Routine Services on the Same Day

- Medical and routine insurance cannot be combined on a single invoice in Ciao! Optical.
- Create two separate invoices in Ciao! Optical—one for each insurance type.
- This is a common occurrence and, unfortunately, cannot be avoided.

For all other circumstances, private pay/non-covered services can be added to an insurance invoice. Make sure to enter the plan pays amount as \$0 and the full retail amount in the "Copay" column on the Order Worksheet.



EXAMPLE #1- All Services- Same Invoice

This patient has a Standard VSP Choice Plan with \$10 exam copay, \$60 CL Fitting, Optomap not covered. For bill-actual plans, manually enter the plan pays, discounts, and copays for each item being billed to insurance.

- 92014 Est Comprehensive is a covered service with a \$10 copay
- 92310 CL Fit Level 1 is a covered service with a \$60 copay
- 92015 Refraction is a covered service with a \$0 copay
- Optomap is a NON-COVERED/PRIVATE PAY service
 - PLAN PAYS = \$0
 - DISCOUNT = Full Retail Price
 - COPAY = Full Retail Price

Note: If you use an auto-calc plan, you may have to manually edit the benefit to adjust Optomap/non-covered services accordingly.

INSURANCE INVOICE
Doctor Services
Order Worksheet

Order Price Calculator

Plan Name: VSP-TRU Type: Assignment
Group #: Plan ID: 1836481

Services	Retail Price	Extended Price	Plan Pays	Discount	Copay
92014 Est Comprehensive	\$150.00		\$ 40	\$ 110	10
92310 CL Fit Level 1	\$100.00		\$ 40	\$ 60	60
92015 Refraction	\$41.00		\$ 11	\$ 30	0
Optomap	\$39.00		\$ 0	\$ 39	39
Eye Exam	\$0.00		\$ 0.00	\$ 0.00	0.00

Benefit Calculation Notes

①
×
→

Covered Services

Non-Covered/
Private Pay Service

Multiple Invoices in Ciao! Optical



RETURN TO TABLE
OF CONTENTS

EXAMPLE #2: Optomap Retinal Photos – Separate Invoice

VSP Medicaid or Community Eyecare ONLY; Optomap not covered; For all other insurances, Optomap can be added to the SAME invoice as other covered services.

INSURANCE INVOICE

Doctor Services

Order Worksheet

Order Price Calculator

Plan Name: VSP-TRU Type: Assignment
Group #: Plan ID: 1836481

**DO NOT PUT
OPTOMAP ON
INSURANCE INVOICE**

Services	Retail Price	Extended Price	Plan Pays	Discount	Copay
92014 Est Comprehensive	\$150.00		\$ 40	\$ 110	10
92015 Refraction	\$41.00		\$ 11	\$ 30	0.00
Eye Exam	\$0.00		\$ 0.00	\$ 0.00	0.00

Benefit Calculation Notes



PRIVATE PAY INVOICE

Doctor Services

Order Worksheet

Category	QTY	Item#	Description	Retail Price
Dr. Service				
	1	20500004745180	OD Service Add On Only - REG	\$0.00
	1	20500001865928	Optomap	\$39.00
	1	2050000523652	ADD-ON ONLY PACKAGE ARTICLE	\$0.00
				TOTAL: \$39.00

Main Promotion



Current Offer:

Deal Code:



Associate Sale

Promotion Savings \$0.00

YOU PAY: \$39.00

Multiple Invoices in Ciao! Optical Examples



RETURN TO TABLE OF CONTENTS

EXAMPLE #3: Contact Lens Fitting Discount - Separate Invoice

VSP 15% discount only on CL Fitting

INSURANCE INVOICE

Doctor Services

Order Worksheet

Order Price Calculator

Plan Name: VSP-TRU Type: Assignment
Group #: Plan ID: 1836481

DO NOT PUT CL FITTING ON INSURANCE INVOICE

Services	Retail Price	Extended Price	Plan Pays	Discount	Copay
92014 Est Comprehensive	\$150.00		\$ 40	\$ 110	10
92015 Refraction	\$41.00		\$ 11	\$ 30	0.00
Eye Exam	\$0.00		\$ 0.00	\$ 0.00	0.00

Benefit Calculation Notes



→

PRIVATE PAY INVOICE

Doctor Services

Order Worksheet

Category	QTY	Item#	Description	Retail Price
Dr. Service	1	20500001866369	92310 CL Fit Level 1	\$100.00
				TOTAL: \$100.00

Main Promotion



Current Offer:

Deal Code:



Associate Sale

Promotion Savings \$0.00

YOU PAY: \$100.00

IN X-STORE for CL Fitting

- 1 Click F3- Add a Discount
- 2 Select Discount Type



Enter discount code found on Promo Card.

1 Add Discount Code



Multiple Invoices in Ciao! Optical Examples



RETURN TO TABLE
OF CONTENTS

EXAMPLE #4: Routine & Medical - Separate Invoice

Both Medical and Routine services on the same day; Private Pay services (i.e. iWellness OCT) can be added to either invoice if other rules previously described do not apply.

ROUTINE INSURANCE INVOICE

Doctor Services

Order Worksheet

Order Price Calculator

Plan Name: VSP-TRU Type: Assignment
Group #: Plan ID: 1836481

Services	Retail Price	Extended Price	Plan Pays	Discount	Copay
92014 Est Comprehensive	\$150.00		\$ 40	\$ 110	10
92015 Refraction	\$41.00		\$ 11	\$ 30	0.00
Eye Exam	\$0.00		\$ 0.00	\$ 0.00	0.00

Benefit Calculation Notes



MEDICAL INSURANCE INVOICE

Doctor Services

Order Worksheet

Order Price Calculator

Plan Name: MEDICAL CIGNA-TRU Type: Assignment
Group #: Plan ID: 1836466

Services	Retail Price	You Pay	Plan Pays	Discount	Copay
OD Service Add On Only - VC NEW	\$0.00	\$0.00	\$ 0.00	\$ 0.00	0.00
92083 Visual Field Extended	\$80.00	\$80.00	\$ 8	\$ 72	50
92250 Fundus Photography	\$80.00	\$80.00	\$ 35	\$ 45	0.00
IWellness OCT	\$20.00	\$20.00	\$ 0.00	\$ 20	20
ADD-ON ONLY PACKAGE ARTICLE	\$0.00	\$0.00	\$ 0.00	\$ 0.00	0.00
Total	180.00	180.00	43.00	137.00	70.00

Benefit Calculation Notes



Non-covered service:
Plan Pays = \$0
Copay = Full Retail Price

ROUTINE INVOICING

RevolutionEHR



ROUTINE INVOICING

RevolutionEHR



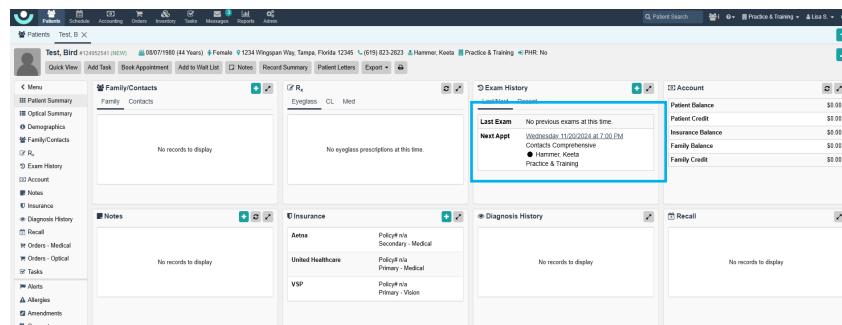
RETURN TO TABLE
OF CONTENTS

Follow these steps to check out/invoice a routine vision insurance carrier.

Important notes:

- Do not manually create invoices to add services, use the ones coded by your doctors.
- NO patient or insurance balances are left in the E.H.R. for Routine services.

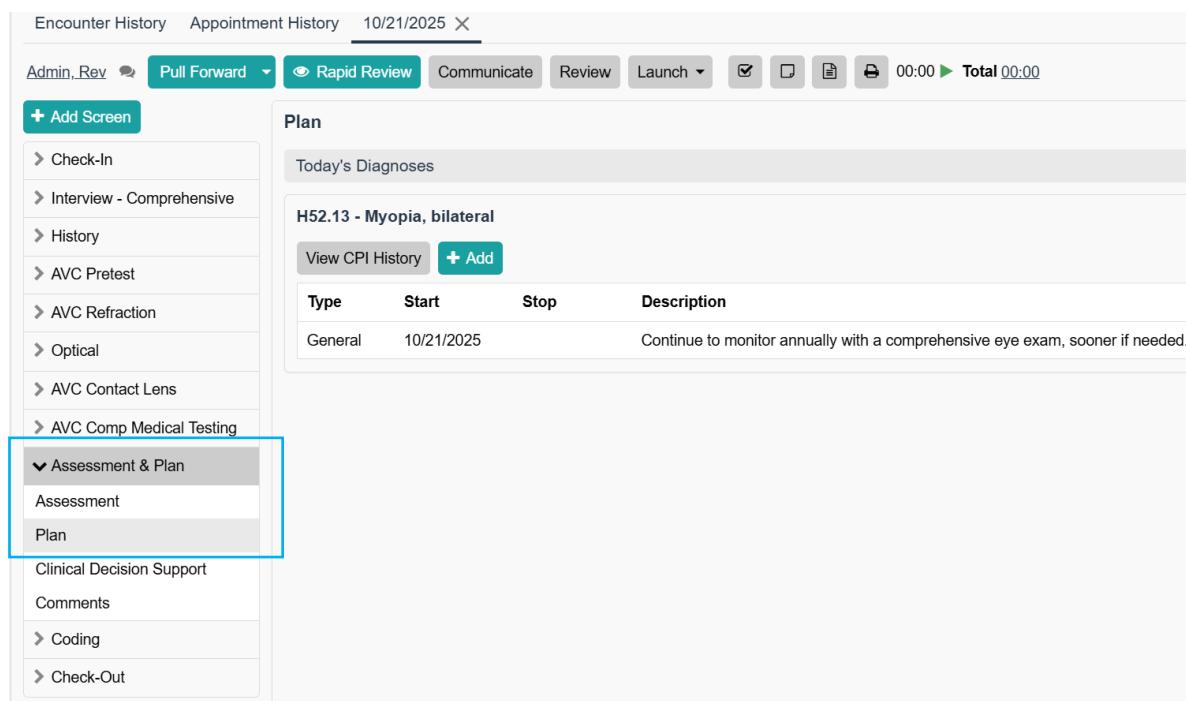
- 1 Select the hyperlinked **Encounter** from the Exam History tile.



- 2 From the navigation bar within the encounter, click the **Assessment & Plan** tab, then click **Plan**.

 **Listen**

- This provides a quick overview of the doctor's diagnoses and care plan. It serves as a handoff to keep you informed of patient needs after the exam, such as sales opportunities, follow-ups, education, or referrals.
- Take note of any important information or action items that may need follow-up from this section.



ROUTINE INVOICING

RevolutionEHR



RETURN TO TABLE
OF CONTENTS

3

From the navigation bar within the encounter, click the **coding** tab.

- This is where you will review the services that were provided and determine responsible payer.
- NOTE: If a doctor codes a service with a medical diagnosis, it must be billed to medical insurance.**

In the example below, based on the service and diagnosis codes, there are:

- Two routine services (92004, 92015)
- One medical service (92134)
- One private-pay non-covered service (S9986)

Name/Code	Description	Diagnoses List
92004	COMP. OPHTH. SERVICE, NEW PT	H52.13
92015	REFRACTION	H52.13
92134	Computerized Ophth Imaging, Retina	H35.021
S9986 - Screening Retinal Photos	S9986 - Screening Retinal Photos	

4

From the navigation bar within the encounter, click the **check out** tab.

- If your OD has entered **check out tasks** you must complete those before you go to billing.

Description
<input type="checkbox"/> Sell Dry Eye Mask and Artificial Tears

ROUTINE INVOICING

RevolutionEHR



RETURN TO TABLE
OF CONTENTS

5

Once check-out tasks have been completed, navigate to the **Billing** section.

- Select multiple services and Bulk Assign **OR**
- Use the + symbol to assign individual services to the correct Payer
- Repeat for each payer until all services have been assigned. There should be no services under "Billable Items". These become Unassigned Items on your end of day report.
- This will generate a **pending** invoice. Click the hyperlinked **invoice number** next to the routine payer to open the invoice.

Approval	#	Payer Name	Balance
Pending	296848162	Test, Avocado	\$149.00
Pending	296847945	Empire BC/BS (Primary Medical)	N/A
Pending	296847945	VSP (Primary Vision)	\$240.00

6

Click **add fee schedule**.

- Routine fee schedules write off 100% of the balance, leaving \$0 on the insurance invoice. Routine insurance is not managed in the E.H.R.
- If the button is not available, it means that a fee schedule has not been added in the patient demographics section
- DO NOT transfer patient copays for routine insurance carriers. Routine insurance is not managed in the E.H.R. If a patient does NOT pay their routine copay, make a note in the E.H.R. and follow up with your biller for next steps.

Invoice must
be in pending
status to apply
fee schedule.

Insurance Invoice #296848254 ACTIVE Test, Avocado Throggs Neck

Pending Authorized Diagnoses Add Fee Schedule Transfer Items ...

Insurance Invoice #301028226 ACTIVE Test, Avocado 2277 Lake Havasu Family EyeCare Rev Admin 10/22/2025 (0 days)

Pending Authorized Diagnoses Remove Fee Schedule ...

Bill To: VSP (Primary Vision) 3333 Quality Drive Rancho Cordova, CA 95670

Service Date: 10/22/2025 Fee Schedule: ROUTINE VISION Fee Date: 10/22/2025

Post Date	Code	Modifiers	Diagnoses	Description	Qty	Unit Price	Discounts	Tax	Ext. Price	Adjustments	Paid	Balance
10/22/2025	92014	H52.13		COMP. OPHTH. SERVICE, EST PT	1	\$165.00	\$0.00	\$0.00	\$165.00	-\$165.00	\$0.00	\$0.00
10/22/2025	92015	H52.13		REFRACTION	1	\$45.00	\$0.00	\$0.00	\$45.00	-\$45.00	\$0.00	\$0.00

Details Additional Claim Info Claim History Payment History Statement History Documents & Images Notes

Show All

Routine insurance invoices should have a \$0 BALANCE DUE

SUB TOTAL	\$210.00
Discounts	\$0.00
Tax	\$0.00
TOTAL	\$210.00
Adjustments	-\$210.00
Payments Received	\$0.00
BALANCE DUE	\$0.00

ROUTINE INVOICING

RevolutionEHR



RETURN TO TABLE
OF CONTENTS

7

Authorize the invoice and select the pencil next to "Active" to mark the invoice as "Paid".

Insurance Invoice #301028226 Paid A B Test, Avocado* 2277 Lake Havasu Family EyeCare Rev Admin 10/22/2025 (0 days)

Pending Authorized Receive Payment Diagnoses ...

Bill To
VSP (Primary Vision)
3333 Quality Drive
Rancho Cordova, CA 95670

Service Date 10/22/2025
Fee Schedule ROUTINE VISION
Fee Date 10/22/2025

Post Date	Code	Modifiers	Diagnoses	Description	Qty	Unit Price	Discounts
10/22/2025	92014		H52.13	COMP. OPHTH. SERVICE, EST PT	1	\$165.00	\$0.00
10/22/2025	92015		H52.13	REFRACTION	1	\$45.00	\$0.00

Show All

8

Print or make note of the Service Codes and Diagnoses prior to closing the invoice. You will need this information to enter the services into Ciao! Optical.

Insurance Invoice #301028226 Paid A B Test, Avocado* 2277 Lake Havasu Family EyeCare Rev Admin 10/22/2025 (0 days)

Pending Authorized Receive Payment Diagnoses ...

Bill To
VSP (Primary Vision)
3333 Quality Drive
Rancho Cordova, CA 95670

Service Date 10/22/2025
Fee Schedule ROUTINE VISION
Fee Date 10/22/2025

Post Date	Code	Modifiers	Diagnoses	Description	Qty	Unit Price	Discounts
10/22/2025	92014		H52.13	COMP. OPHTH. SERVICE, EST PT	1	\$165.00	\$0.00
10/22/2025	92015		H52.13	REFRACTION	1	\$45.00	\$0.00

Show All

ROUTINE INVOICING

RevolutionEHR



RETURN TO TABLE
OF CONTENTS

All tendering occurs in Ciao! Optical, but some patients may request a more detailed receipt with diagnosis codes for HSA/FSA submission. Invoices may be printed out of the E.H.R. and provided to patients for this purpose.

Send payments to: 2277 Lake Havasu Family EyeCare 2277 Swanson Ave Suite 100 Lake Havasu City AZ 86403 (928) 855-5026	Invoice <table border="1"><tr><td>Service Date</td><td>Invoice Date</td><td>Invoice #</td></tr><tr><td>10/22/2025</td><td>10/22/2025</td><td>301028226</td></tr><tr><td>Patient</td><td>Patient #</td></tr><tr><td>Avocado Test</td><td>123857383</td></tr><tr><td>Provider</td><td>Tax ID</td></tr><tr><td>Admin, Rev</td><td>202146274</td></tr></table>	Service Date	Invoice Date	Invoice #	10/22/2025	10/22/2025	301028226	Patient	Patient #	Avocado Test	123857383	Provider	Tax ID	Admin, Rev	202146274																													
Service Date	Invoice Date	Invoice #																																										
10/22/2025	10/22/2025	301028226																																										
Patient	Patient #																																											
Avocado Test	123857383																																											
Provider	Tax ID																																											
Admin, Rev	202146274																																											
Bill To VSP 3333 QUALITY DRIVE RANCHO CORDOVA CA 95670																																												
<table border="1"><thead><tr><th>Code</th><th>Description</th><th>Price</th><th>Qty</th><th>Disc</th><th>Tax</th><th>Adjs</th><th>Paid</th><th>Balance</th></tr></thead><tbody><tr><td>92014</td><td>COMP. OPHTH. SERVICE, EST PT Diagnoses: H52.13 Fee Schedule - Third party discount - Fee reduced/Participating Provider : (\$165.00)</td><td>\$165.00</td><td>1</td><td>\$0.00</td><td>\$0.00</td><td>-\$165.0</td><td>\$0.00</td><td>\$0.00</td></tr><tr><td>92015</td><td>REFRACTION Diagnoses: H52.13 Fee Schedule - Third party discount - Fee reduced/Participating Provider : (\$45.00)</td><td>\$45.00</td><td>1</td><td>\$0.00</td><td>\$0.00</td><td>-\$45.00</td><td>\$0.00</td><td>\$0.00</td></tr></tbody></table>	Code	Description	Price	Qty	Disc	Tax	Adjs	Paid	Balance	92014	COMP. OPHTH. SERVICE, EST PT Diagnoses: H52.13 Fee Schedule - Third party discount - Fee reduced/Participating Provider : (\$165.00)	\$165.00	1	\$0.00	\$0.00	-\$165.0	\$0.00	\$0.00	92015	REFRACTION Diagnoses: H52.13 Fee Schedule - Third party discount - Fee reduced/Participating Provider : (\$45.00)	\$45.00	1	\$0.00	\$0.00	-\$45.00	\$0.00	\$0.00	<table border="1"><tr><td>Sub-Total</td><td>\$210.00</td></tr><tr><td>Discounts</td><td>\$0.00</td></tr><tr><td>Tax</td><td>\$0.00</td></tr><tr><td>Total Amount</td><td>\$210.00</td></tr><tr><td>Adjustments</td><td>-\$210.00</td></tr><tr><td>Payments Received</td><td>\$0.00</td></tr><tr><td>Credits Granted</td><td>\$0.00</td></tr><tr><td>Balance Due</td><td>\$0.00</td></tr></table>	Sub-Total	\$210.00	Discounts	\$0.00	Tax	\$0.00	Total Amount	\$210.00	Adjustments	-\$210.00	Payments Received	\$0.00	Credits Granted	\$0.00	Balance Due	\$0.00
Code	Description	Price	Qty	Disc	Tax	Adjs	Paid	Balance																																				
92014	COMP. OPHTH. SERVICE, EST PT Diagnoses: H52.13 Fee Schedule - Third party discount - Fee reduced/Participating Provider : (\$165.00)	\$165.00	1	\$0.00	\$0.00	-\$165.0	\$0.00	\$0.00																																				
92015	REFRACTION Diagnoses: H52.13 Fee Schedule - Third party discount - Fee reduced/Participating Provider : (\$45.00)	\$45.00	1	\$0.00	\$0.00	-\$45.00	\$0.00	\$0.00																																				
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Balance Due	\$0.00																																											

ROUTINE INVOICING

Eclips

ROUTINE INVOICING

Eclips



RETURN TO TABLE
OF CONTENTS

Follow these steps to check out/invoice a routine vision insurance carrier.

Important notes:

- Do not manually create invoices to add services, use the ones coded by your doctors.
- NO patient or insurance balances are left in the E.H.R. for Routine services.
- You must have at least one diagnosis code on each service line.

- 1 Navigate to **Optical/Checkout** tab. The patient should have “Provider:_____” listed under their name indicating an invoice has been created.

Search Patient

EssilorLuxottica Optometrist

Home Patients Scheduler EHR **Optical/Checkout** Claims Reports Recall Admin

Checked-In Patients REFRESH Invoices

Filter by Patient Name Invoice #/Loc Patient Status Patient Balance Created Tasks

Provider: Timothy Bass

TEST,TEST Arrived

No Invoices to display.

- 2 Click under the Provider listed in the blank area to open the invoices on the right side of the screen. Then, Click the Blue Invoice Number to open the invoice.

Search Patient

EssilorLuxottica Optometrist

Home Patients Scheduler EHR **Optical/Checkout** Claims Reports Recall Admin

Checked-In Patients REFRESH Invoices for TEST,TEST

Filter by Patient Name Invoice #/Loc Patient Status Patient Balance Created

Provider: Timothy Bass

TEST,TEST (Arrived)

IN315331 B TEST,TEST
1039 - Triangle Visi Open \$39.00 6 minutes ago
11/12/2025 10:51:18...

ROUTINE INVOICING

Eclips



RETURN TO TABLE
OF CONTENTS

3 The doctor will pre-assign the insurance to each service. Verify that the correct insurance is selected (routine/medical).

A To determine whether it is medical or vision, look at the diagnosis codes listed and assigned to each service.

NOTE: If a doctor codes a service with a medical diagnosis, it must be billed to medical insurance.

B If necessary, change insurance using dropdown. Fee schedules (allowable) are automatically calculated based on Plan selection in the Insurance Demographics. **For routine, the full U&C is written off to \$0. DO NOT TRANSFER PATIENT COPAYS.**

Invoice Private Pay

Notes (0)

Invoice Private Pay

Notes (0)

IN315331 Open
Location: T039 - Triangle Visions - Apex T039
Date of Service: 11/12/2025

ICD Codes - Click letter button to toggle on codes.

(+)	Item ID Qty	ICD Code(s) Modifier(s)	Procedure/Product Code Provider	Insurance Staff Member	Usual/Cust Fee	Allowable	Ins. Res.	Ins. Adjust
EX275742	1	A	92015 92015 - Refracti	VSP (Vision-Primary)	\$60.00		\$0.00	\$0.00
EX275742	1		Bass, Timothy	VSP (Vision-Primary) Patient-Filed Claim Private Pay	\$140.00		\$0.00	\$0.00
EX275742	1		92014 92014 - EST Cor	VSP (Vision-Primary)	\$39.00		\$0.00	\$0.00
			S9986 S9986 - Optoma	Private Pay				
			Bass, Timothy					

Add:

Totals	\$239.00	\$0.00	\$0.00	\$0.00	\$200.00	\$0.00	\$39.00	\$39.00	Account Balance \$0.00
							Tax: \$0.00		Unappl. Pmts \$0.00
							Total: \$39.00		Pt. Balance \$39.00
									Ins. Balance \$0.00

Review

ROUTINE INVOICING

Eclips



RETURN TO TABLE
OF CONTENTS

4

If the invoice does not code over from the exam, you may have to manually create and invoice from the patient summary screen.

- A** Click "invoice" from the patient summary screen.
- B** Add Professional services
- C** Type in Procedure code
- D** Add diagnosis code
- E** Add diagnosis pointer

Item ID Qty	ICD Code(s) Modifier(s)	Procedure/Product Code Provider	Insurance Staff Member	Usual/Cust Fee	Allowable	Ins. Res.	Ins. Adjust	Pt. Disc	Co-Pay	Pt. Res.	Total Pt. Tax	Pt. Balance Ins. Balance
1	A	99z14 99214 - E&M Le	Aetna (Medical-Prim)	\$200.00	\$76.00	\$124.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		Bass, Timothy			100%				0%			

5

For private pay items, click "pay" at the top to receive payment

Invoice #	Amount	Paid	Pt. Balance	Payment
IN23834	\$140.00	\$0.00	\$140.00	\$20.00
Total Payment \$20.00				

ROUTINE INVOICING

Eclips



RETURN TO TABLE
OF CONTENTS

6

Once all items have been applied and paid, "Change Appointment Status" to "Checked out" on the payment screen.

Click Save and close.

Payment

CLOSE Save & Add New Save

Selected Invoices	Invoice #	Amount	Paid	Pt. Balance	Payment
	IN315331	\$39.00	\$0.00	\$39.00	\$39.00
		Total Payment			\$39.00

Payment Details Cash Credit Card Debit Card Check Unapplied Payments Other

Amount \$39.00

Type

Card Last 4 Digits

Note

Change Appointment Status

	\$239.00	\$0.00	\$0.00	\$0.00	\$200.00	\$0.00	\$
Totals							

ROUTINE INVOICING

CIAO! Optical



ROUTINE INVOICING

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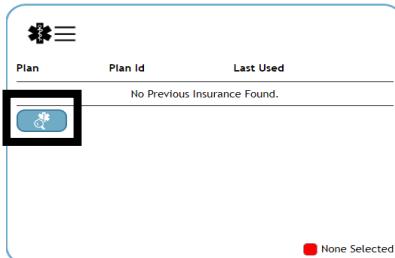


RETURN TO TABLE
OF CONTENTS

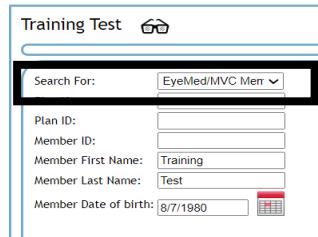
1 Click the Checkmark to indicate you'd like to apply insurance.



2 Click the blue the Search button.

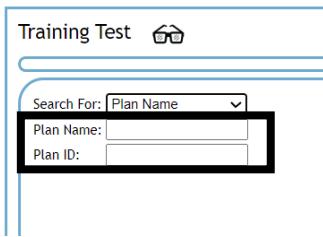


3 On the Search For pulldown bar, change it to Plan Name



4

- Fill in the Plan Name or Plan ID from your Google Doc
- Click the Search button (Magnifier)

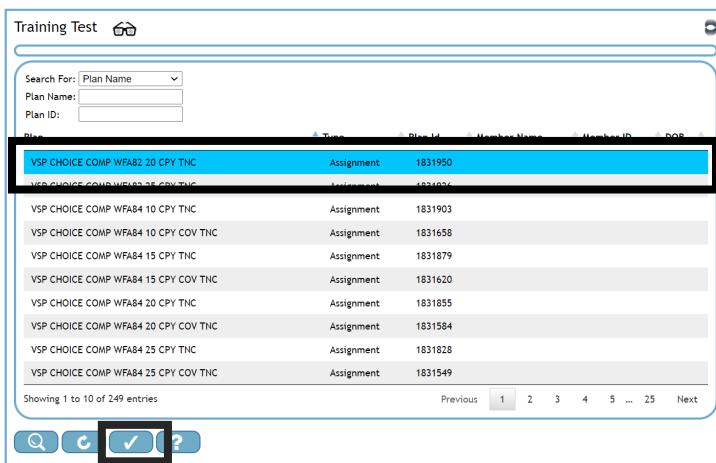


Tip: When searching by Plan Name on your Google Doc, reduce the number of plans by typing in **key words**.

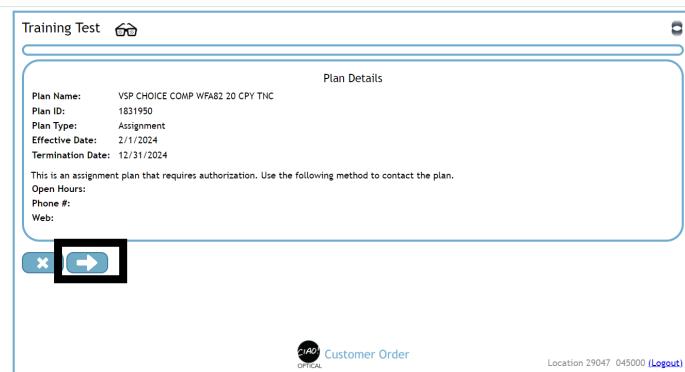
Refer to your Google doc for naming conventions- each practice group could be different.

Some Plans will Auto-Calculate. Others are Bill Actual. Refer to your Site Insurance Binder for your location's specific billing protocols per payer.

5 Select the plan from the listing and click the Checkmark.



6 Confirm you've selected the correct plan and click the Arrow forward.



ROUTINE INVOICING

CIAO! Optical



RETURN TO TABLE
OF CONTENTS

7 Complete the Insurance Demographics Screen:

- A** Checkmark the service you are currently entering and enter Material Authorization number
 - If carrier does not issue authorizations, enter 1234
- B** Enter the Member ID number.
- C** Complete all fields for Customer Plan Information
 - For Primary Member indicate Self
 - For Dependents, complete the Primary Member Plan Information for your billing team
- D** Click the Arrow forward button.

Reminder- Exam and Materials must have separate auth entered in Ciao! for VSP

Some offices use these fields in varying ways for specific insurance plans. Always verify special circumstances with your billing team.

Training Test

Plan Information

Plan Name:: VSP-ROGIN
Phone #:
Open Hours:
Plan ID: 1824524

Plan Type: Assignment

Authorized: Frame Lens
 Contacts Exam

Materials Auth: 6783424

Benefit Calculation Notes:

Member ID: 12345678

SSN:
DOB: 8/7/1980

Customer Plan Information

Employment Status: Full-Time Employer: Target
Student Status: Not a Student Marital Status: Married
Relation to Primary Member: Self

Is condition related to employment? Yes No Unknown

Is customer's need accident related? Yes No

Is there a secondary plan? Yes No

Primary Member Plan Information

First Name: MI: Last Name:
Address:
ZIP Code: City: State:
Member ID: SSN: Phone:
Gender: Male Female Employment Status:
Employer: Marital Status:
DOB: MM/DD/YYYY Student Status:

Complete bottom field when it is not the primary subscriber.

8 Enter all services being billed to the ROUTINE insurance and add the appropriate diagnosis code. Click the Arrow to move to the next screen.

Patient Test

Contacts Order Worksheet

Pack Size Pack Price Annual Supply Qty/Store Stock Qty/Order

OD Acuvue Oas1Day Astig 90 \$151.99 0 2

OS Acuvue Oas1Day Astig 90

Provider TOOMEY, SARA
Shipping Location Ship To Customer

Test Test

Doctor Services Order Worksheet

Patient Status: New Established
Source: Internal Rx
Doctor Name: Toomey, Sara
Eye Exam: Contact Lens Eval
92004 COMPREHENSIVE NEW PT
No Contact Lens Fitting
□ No High Risk Diagnosis

Services listed:

- 65205 FOREIGN BODY REMOVAL,CONJ,SUPERF OD
- 65210 Conjunct Foreign Body Removal OD
- 65222 Corneal Foreign Body Removal OD
- 65222 Corneal Foreign Body Removal OS
- 65222 Corneal Foreign Body Removal OS
- 65222 Corneal Foreign Epithelium OD
- 65222 Corneal Foreign Epithelium OS
- 65778 Annuloplasty Graft OD
- 65855 SLT OD
- 66761 Dst Proc on Iris, Ciliary Body
- 66821 YAG Post Op OS
- 66982 Cataract Post OP OS

Note: Enter the diagnosis code provided in your E.H.R. for those services.

Select Diagnosis

Myopia, unspecified eye
Presbyopia
Unspec amblyopia, OD
Unspec amblyopia, OS
Unspec amblyopia, both
Unspec amblyopia, unspec eye
Unspec astig, OD
Unspec astig, OS
Unspec astig, unspec eye
Unspec astigmatism, OU

Select Code

ICD Code: J20.4
Diagnosis: Presbyopia
Add Diagnosis

Selected Diagnosis

Diagnosis Code
No Diagnoses Selected
Clear Delete

Customer Order

Location 29947 04500 (Logout)

ROUTINE INVOICING

CIAO! Optical



RETURN TO TABLE
OF CONTENTS

9 **Auto-Calc plans:** Ciao! will calculate the patient out of pocket expenses. Select the Radio Button and continue.

Bill Actual Plans: Click the blue pencil to edit the benefits.

Training Test

Contacts Order Worksheet

Category	QTY	Item#	Description	Retail Price
Contacts	4	733905851179	OD - OAS1D 90S 8.5 143 VS01, -1.00	\$459.96
	4	733905851179	OS - OAS1D 90S 8.5 143 VS01, -1.00	\$459.96
TOTAL: \$919.92				

Main Promotion

Current Offer: 16737 - ANNUAL SUPPLY INSTANT SAVINGS

Deal Code:

Associate Sale

Promotion Savings \$125.00

YOU PAY: \$794.92

Vision Care Plan Pricing

Vision Care Plan: VSP CONTACTS \$130 ALLOW \$25 CPY-TVO NC

Plan Id: 1818706

Current Offer: 16738 - ANNUAL SUPPLY INSTANT SAVINGS

Deal Code:

Promotion Savings \$125.00

Vision Care Savings \$105.00

YOU PAY: \$689.92

Auto-Calc: Radio button to select insurance pricing

Bill Actual: Edit benefits

10

Enter your EssilorLuxottica Network Credentials

Approved By:

password:

11

You will now see the Benefit Order Worksheet. **See next page for how to edit benefits.** Once you have finished editing benefits, click the Arrow to return to the main Order Worksheet screen.

Training Test

Frame Order Worksheet Measurements Order Completion

Order Price Calculator

Plan Name: VSP-ROSN Type: Assignment Group #: Plan ID: 1824524

Services	Retail Price	Extended Price	Plan Pays	Discount	Copay
R82132 52 NEW WAYFARER, Brn Tan, Brn C	\$130.00	\$0.00	\$0.00	\$0.00	\$0.00
Aspheric Lens	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Blue Filter	\$45.00	\$0.00	\$0.00	\$0.00	\$0.00
Premium Anti-Reflective	\$85.00	\$0.00	\$0.00	\$0.00	\$0.00
Scratch Resistant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
UV Protection	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Single Vision	\$75.00	\$0.00	\$0.00	\$0.00	\$0.00
Polycarbonate	\$45.00	\$0.00	\$0.00	\$0.00	\$0.00

Benefit Calculation Notes

Customer Order

Location 29103 045000 (Logout)

ROUTINE INVOICING

CIAO! Optical



RETURN TO TABLE
OF CONTENTS

Editing the benefits (BILL ACTUAL PLANS ONLY):

Training Test

Frame > Lens > Order Worksheet > Measurements > Order Completion

Order Price **A** **B** **C**

Services	Retail Price	Extended Price	Plan Pays	Discount	Copay
RB2132 52 NEW WAYFARER, Brn Tan, Brn C	\$130.00		\$ 0.00	\$ 0.00	0.00
Blue Filter	\$0.00		\$ 0.00	\$ 0.00	0.00
Crizal Backside UV	\$15.00		\$ 0.00	\$ 0.00	0.00
Crizal Sapphire HR Anti-Reflective	\$170.00		\$ 0.00	\$ 0.00	0.00
DST Processing	\$135.00		\$ 0.00	\$ 0.00	0.00
Scratch Resistant	\$0.00		\$ 0.00	\$ 0.00	0.00
UV Protection	\$0.00		\$ 0.00	\$ 0.00	0.00
EZ Start Single Vision	\$75.00		\$ 0.00	\$ 0.00	0.00
Polycarbonate	\$45.00		\$ 0.00	\$ 0.00	0.00

Benefit Calculation Notes

A **Plan Pays:** These amounts will be found in your insurance book or on the patient's benefit eligibility summary depending on the insurance.

B **Discount Retail Price- Plan Pays column** = the amount you list in the Discount column

C **Copay:** Patient copays and/or any out-of-pocket(OOP) expenses owed by the patient

Examples of different places you will find the plan pays for Routine Payers

Patient Benefit Eligibility from insurance provider

Home > Doctor Home

Vision Benefits of America - Coverage & Authorization

General

Authorization Number: S136189228	Valid for Service between: 02/20/2025 - 04/20/2025
Doctor: UT9999 - CLARK OPTOMETRIC CENTER PA	Filing Deadline: 05/04/2025
Group: 1454 - ACHC Portal/SSO Company	
Patient: Barney Rubble	Relation to Member: Member
Address: 123 Main St	
Bedrock, CO 33415	

Benefits

Exam	Lenses	Frames	- OR -	Contacts ²
<input checked="" type="checkbox"/> Digit	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	

Plan Copays & Allowances

Copays:	Exam: \$0.00	Lens/Frame: \$0.00
Retail Frame Allowance:	\$112.50	
Cost Contained Fees:	Contact Exam and/or Fitting Fee:	\$50.00

Dispensing Fees (Paid by VBA)

Lens Dispensing:	\$15.00
Frame Dispensing:	\$17.00

Fully-Covered Services and Materials

Vision Care Exam	Single Vision Lens	Lined Multifocals
Lenticular Lens	Scratch, Standard	Medical Contacts
Polycarb., 18 & Under		

Partially-Covered Services and Materials (See PRLS to determine member responsibility)

Contacts	Frame ¹	
Progressive, Std	Progressive, Digital	Progressive, Premium

Non-Covered Services and Materials (See PRLS to determine member responsibility)

Digital Retinal Screening	A/R Bluelight	A/R Ultra
A/R, 1 Year	A/R, 2 Year	A/R, Premium

Insurance Binder

VSP Reimbursements	SIGNATURE PLAN	CHOICE PLAN
EYE EXAMINATIONS	PLAN PAYS	PLAN PAYS
Comprehensive Exam: New 92004 Est. 92014	\$54.40	\$49.60
Intermediate Exam: New 92002 Est. 92012	\$21.40	\$22.60
Refraction: 92015 ONLY	\$13.60	\$12.40
MATERIAL DISPENSING	PLAN PAYS	PLAN PAYS
Single Vision Lenses	\$30	\$17
Bifocal Lenses**	\$39	\$21.50
Trifocal Lenses	\$44.84	\$24.50
Lenticular Lenses	\$62.78	\$34.30
New Frame	\$34	\$20.50

PATIENT PAYS		PLAN PAYS	
Exam (92004, 92014, 92015)	\$15 copay	92004 - \$175 92014 - \$151	92015 - \$0
CL Fit & CLs (Combined Benefit) (92071, 92310, 92317, S0592)	100% of U&C over insurance contribution	Complete 130 = Up to \$130 Complete 140 = Up to \$140	
Frames (V2020, V2025)	100% of U&C over insurance contribution	Complete 130 = Up to \$130 Complete 140 = Up to \$140	
Lenses	SV, BF, TF = \$15 copay Progressive = \$15 copay + (Prog U&C-TF U&C Poly = \$25 copay for 16 & under)	SV, BF, TF = 100% of U&C - copay	Prog = 100% of TF U&C - Copay

ROUTINE INVOICING

CIAO! Optical



RETURN TO TABLE
OF CONTENTS

12

Confirm the **YOU PAY** amount is what you expect the patient to pay for the services/materials.

Training Test

Frame > Lens > Order Worksheet > Measurements > Order Completion

To proceed with insurance pricing, you must edit the benefit worksheet; otherwise, proceed with main promotion pricing

Category	QTY	Item#	Description	Retail Price
Frame	1	8053672027341	RB2132 52 NEW WAYFARER, Brn Tan, Brn C	\$130.00
Lens	1	20500002658406	SV EZ Start BluFltr Crzl Sapph HR (Poly)	\$440.00
EPP:	<input checked="" type="radio"/>	20500002658406	SV EZ Start BluFltr Crzl Sapph HR (Poly)	\$440.00
	<input type="radio"/>	Yes	<input type="radio"/>	No
TOTAL: \$570.00				

Main Promotion

Current Offer: 12903 - 15% OFF LENSES

Deal Code:

Associate Sale

Promotion Savings: \$66.00

YOU PAY: \$504.00

Vision Care Plan Pricing

Vision Care Plan: VSP GENERIC PLAN-TVO NC

Plan Id: 1818653

Current Offer:

Deal Code:

Promotion Savings: \$0.00

Vision Care Savings: \$0.00

YOU PAY: \$570.00

Quote valid through: May 11, 2024

Prior to Allowance

Training Test

Frame > Lens > Order Worksheet > Measurements > Order Completion

Category	QTY	Item#	Description	Retail Price
Frame	1	8053672027341	RB2132 52 NEW WAYFARER, Brn Tan, Brn C	\$130.00
Lens	1	20500002658406	SV EZ Start BluFltr Crzl Sapph HR (Poly)	\$440.00
EPP:	<input checked="" type="radio"/>	20500002658406	SV EZ Start BluFltr Crzl Sapph HR (Poly)	\$440.00
	<input type="radio"/>	Yes	<input type="radio"/>	No
TOTAL: \$570.00				

Main Promotion

Current Offer: 12903 - 15% OFF LENSES

Deal Code:

Associate Sale

Promotion Savings: \$66.00

YOU PAY: \$504.00

Vision Care Plan Pricing

Plan Id: 1818653

Current Offer:

Deal Code:

Promotion Savings: \$0.00

Vision Care Savings: \$355.00

YOU PAY: \$215.00

Quote valid through: May 12, 2024

Post Allowance

Customer Order

Location 29047 045000 [Logout](#)

Note: Patients find insurance confusing, so a best practice is to **celebrate the VISION CARE SAVINGS** and share the out-of-pocket costs. If a patient requests to see how it was broken out by line item, click the dollar bill for fees

Vision Care Plan Pricing

Vision Care Plan: VSP CHOICE COMP WFA82 20 CPY TNC

Plan Id: 1831950

Current Offer:

Deal Code:

Promotion Savings: \$0.00

Vision Care Savings: \$350.00

YOU PAY: \$220.00

Category	QTY	Item#	Description	Retail Price	Copay	You Pay
Dr. Service	1	20500001863382	92014 Est Comprehensive	\$137.00	\$15.00	\$15.00
Dr. Service	1	20500001689838	92015 Refraction	\$49.00	\$0.00	\$0.00
Dr. Service	1	20500003085935	Eye Exam	\$0.00	\$0.00	\$0.00
Vision Care Savings				(\$122.00)		
TOTAL:						\$15.00

13

Click the checkered flag to bring the order to Active orders.

ROUTINE INSURANCE

Claim Filing



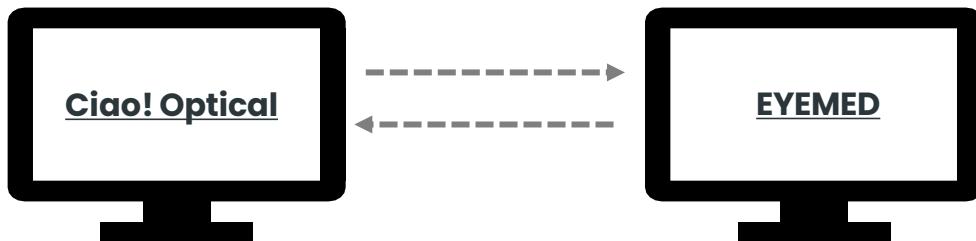


There are four ways claims are filed for routine insurance:

1. Automatically from Ciao! (EyeMed/Aetna integrated insurance plans)
2. Automatically from Ciao! using Auto-calculation Plans (837 File: VSP, Spectera)
3. Manually by Mason Corporate Biller (Most materials, bill-actual plans)
4. Manually by Site Staff (Safety, Community, and specified bill-actual plans)

EyeMed/Aetna Routine:

- Ciao! Optical and EyeMed have a two-way communication stream
- Ciao! Optical tells you patient eligibility and plan coverage in real time
 - Will also provide family member names, eligibility, and coverage
- Once tendered, claim auto files to EyeMed



Automatic through Ciao! with Auto-calculation plan (837 Claim Filing: Exams and contact lenses only.)

- Occurs if routine carrier (e.g., VSP, Spectera, Versant) is set up for this type of claim filing
- Ciao! Optical: Auto-Calculation plans must be utilized
- Data entered into Ciao! Optical must be accurate or claims are denied (authorizations, member details and ID numbers, etc.)
- Data only flows one way- data extracted from Ciao! Optical and placed in a file (think excel spreadsheet) and is sent to carrier weekly (submitted on Thursdays)
 - This means, if a patient had services/materials on a Monday (VSP Auto-Calculation plan in Ciao!), and Tuesday you check the carrier's website, patient may still show as eligible since the claim won't be submitted until Thursday via 837 file)



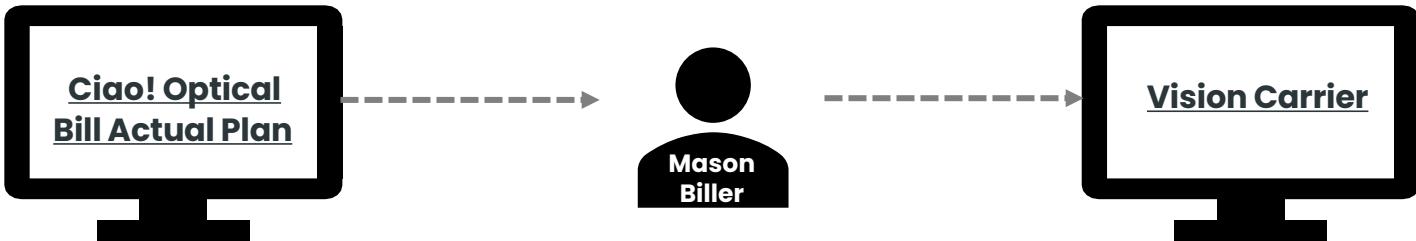
ROUTINE CLAIM FILING

Corporate Mason Billing Team



RETURN TO TABLE
OF CONTENTS

Manually By Mason Billing Team:



- You will be assigned a biller who is employed by the Mason Billing team to submit claims on your behalf.
- All VSP (and most other routine carrier) glasses and bill-actual plans will be billed by the Mason Billing Team.
- The biller will pull data from Ciao! Optical to submit the claim; therefore, it is critical that the correct authorization, member ID, and all patient details are accurate in Ciao! Optical.
- Your Frame and Lens selection must be part of the TeamVision assortment.
 - i.e., you cannot bill your patient for a Varilux lens in Ciao! and order Shamir lenses in Eyefinity.
 - You cannot customize shapes and sizes of Silhouette through insurance labs.
- Your biller will provide you three ways to communicate with them:
 1. Additional Info Sheet (shared excel document)
 2. Email
 3. Teams chat
- NEW LOCATIONS: The Billing Team will begin billing the next business day from the Date of Service (DOS) or your Go-Live date.
 - E.g., Mon 12/2 is DOS, Billing Team starts filing 12/2 claims on 12/3

Additional Info Sheet:

- **Purpose:** Primary form of communication between site and biller, helps track billing accuracy, service speed, and capture data if incorrectly processed in Ciao!
- **VSP Orders:** ALL VSP optical orders must be listed by the site on the Site VSP tab.
- **Other Carriers:** Orders with modifiers, special conditions, or specific notes for your biller should be added to the Non-VSP Tab for your site.
- **Packing slips:**
 - The Additional info sheet will be **initialed and highlighted green** when the packing slips are ready.
 - The site will login to Eyefinity, print the packing slip, and (if necessary) ship frame to Insurance lab.

If the order has not been billed by the end of day 5 (After DOS), email Christina (Teena) Diggs, Market Manager, Biller, Jennifer Morgan, & Katie Worley.

ROUTINE CLAIM FILING

Site Filing



RETURN TO TABLE
OF CONTENTS

There may be certain plan types that your location will be responsible for billing on-site. These may be handled as routine or medical plans depending on how you submit and get paid by the third-party payer. Your insurance binder will list "Site" next to these plans. Some examples include:

- Safety plans
- Community Programs
- Workers Compensation not provided through a medical carrier
- Medically Necessary contact lens claims
- Plans that require specialized paperwork or invoicing
- If claims have gone past 5 days for timely filing with the Mason Billing team

There are certain circumstances under which your site will be asked to bill routine claims. Always communicate with your Market and Billing Manager if you are unsure who is responsible for claim filing.



All denials are currently being resolved by the Mason Billing Team. Your Field Leader/PM will be updated with current denial trends due to incorrect Ciao! Optical Entry.

For all claims, denials will occur if:

1. Incorrect Data is entered into Ciao! Optical:
 - Incorrect plan selected
 - Member ID missing or incorrect
 - Primary member details missing or incorrect
 - Authorization numbers and diagnosis missing or incorrect
2. Incorrect Provider selected in Ciao! Optical:
 - The provider must be credentialed with the carrier at the location you are at.
3. The correct Authorization must also be entered into Ciao! Optical for services being billed.
4. Patient not eligible for services
 - **If your patient reschedules their appointment, cancel your original authorization and pull a new one for the rescheduled appointment.**

For Auto Calc Plans, when the claim is denied, you will be mailed a copy of the EOB. The posting team will also receive a copy.

- Weekly, reporting is sent to the collections team.
- The collections team will reach out to the practice if further information is needed.

ROUTINE CLAIM FILING

Billing Examples



RETURN TO TABLE
OF CONTENTS

Centralized billing has been established to free you up to spend more time with your patients and to create consistency amongst the brand. This is an evolving process, and updates will happen along the way. When this occurs, we will update this guide.

Claim Filing Overview For VSP and Spectera

Service	Plan Selected in Ciao!	How Claim Is Submitted To Carrier
Exam	Auto Calculation Plan	<ul style="list-style-type: none"> • Data pulled from Ciao! and sent directly to VSP for filing (837 File) • Site does not need to file claim
Exam	Bill Actual Plan	<ul style="list-style-type: none"> • Mason biller will file claim based on data in Ciao! Optical • Site does not need to file claim
\$60 Contact Lens Fitting Fee	Auto Calculation Plan	<ul style="list-style-type: none"> • Data pulled from Ciao! and sent directly to VSP for filing (837 File) • Site does not need to file claim
\$60 Contact Lens Fitting Fee	Bill Actual Plan	<ul style="list-style-type: none"> • Mason biller will file claim based on data in Ciao! Optical • Site does not need to file claim
15% off Contact Lens Fitting Fee	<p>Updated</p> <ul style="list-style-type: none"> • Charge as cash pay on separate invoice and apply discount code 30638 in Ciao! • Can tender together with Routine Exam 	<ul style="list-style-type: none"> • Will not be filed with carrier as VSP will not reimburse • Note: If fit attached to VSP Claim it will deduct from the patient's CL Allowance
Contact Lenses (under \$1000 U&C)	Auto Calculation Plan	<ul style="list-style-type: none"> • Data pulled from Ciao! and sent directly to VSP for filing (837 File) • Site does not need to file claim
Contact Lenses (Over \$1000 U&C)	Bill Actual Plan	<ul style="list-style-type: none"> • Mason biller will file claim based on data in Ciao! Optical • Site does not need to file claim
Medically Necessary Contact Lenses	CLICK HERE to access the Medically Necessary Guide	
Eyeglasses	Bill Actual Plan	<ul style="list-style-type: none"> • Mason biller will file claim based on data in Ciao! Optical • Site adds to add-info sheet, does not bill
Eyeglasses	Auto Calculation Plan TVO & Rosin only	<ul style="list-style-type: none"> • Data pulled from Ciao! and sent directly to VSP for filing (837 File) • Site does not need to file claim
<p>If you have any questions, attend TVOps Office Hours or partner with your Field Leader!</p>		

ROUTINE CLAIM FILING

FAQ



RETURN TO TABLE
OF CONTENTS

Below answers many of the frequently asked questions regarding the billing process:	
How will I communicate with my biller?	<p>Use two tools daily:</p> <ul style="list-style-type: none">• Additional Info Sheet (Excel)• Teams Chat (for questions)
How should I use my Additional Info Sheet?	<ul style="list-style-type: none">• ANY notes for your biller should be added (i.e. forgot to put in measurements, had to remake in Ciao!, new order/auth #, etc.)• List all VSP optical orders on the Site VSP tab.• For other carriers, use the Non-VSP tab.• Add any Exams with special instructions (i.e. special condition boxes, coordination of benefits) to the non-VSP tab.
How frequently should I check my Additional Info Sheet?	<ul style="list-style-type: none">• Someone in the practice should check the Additional Information Sheet daily and respond/update.
How do I know if there is an issue with a claim/order?	<ul style="list-style-type: none">• The biller will mark the order in red on the Info Sheet.• If the site does not respond in 1–2 days, the biller will follow up via email and Teams.
How long should I quote my patient for eyeglass orders?	<ul style="list-style-type: none">• Quote at least 10 business days (3 weeks preferred).• Under-promise and over-deliver.
How and when will I get my packing slip?	<ul style="list-style-type: none">• The order will be marked green on the add info sheet when ready.• Site logs in and prints packing slip from Eyefinity.• For urgent orders, the biller will send within 2–3 hours of notification (next day if after 5 PM EST).• If an order is not marked green/billed by Day 5 (after DOS):<ul style="list-style-type: none">• Contact your biller directly• Site is then allowed to bill the claim & change it green
Who do I contact if my location is struggling with routine billing processes?	<ul style="list-style-type: none">• Review the training videos and documentation in Ciao! Toolkit• Partner with other locations or your Field Leader• Connect directly with your site's routine biller• If concerns are still not resolved, email Christina Diggs with your Field Leader, Jennifer Morgan and Katie Worley on CC• Provide specific examples when bringing billing challenges to leadership

Session 3

Medical Insurance Invoicing & Processing



Consultative selling (needs-based selling) focuses on understanding and addressing the specific needs of the patient. It involves identifying the patient's goals, challenges, and pain points, and then positioning our products as the solution that best meets those needs.

LEARN about the patient by reviewing history and insurance, even before they arrive. When in clinic, facilitate a conversion around lifestyle, pain points, and needs. Ensure this information is travels with the patient.

LISTEN actively during patient hand-off and ensure to ask additional questions to understand the patients needs. This will guide your sales approach and what products and services to recommend today.

LEAD with a single recommendation for each product to meet lifestyle or prescription needs. Assume the sale and create value. Showcase our preferred products and share the benefits with the patient.

vision
by kate together

	Prepare	Learn	Listen	Lead	Review	After
STANDARDS	Fill the Books Insurance Welcome	Get To Know Your Patient Consultation	Hand Off Consider Solutions (Product + Service + Referrals)	Assume The Sales Recommend Products	Accurate Entry OneSight Thank You	Order Management Pick Up Optical Expert
TOOLS + RESOURCES	Data Capture Fill The Books	Patient Questionnaire Intake Form	OD Hand Off Observation	LensSimulator SmartShopper Lens Portfolio Guide Contact Price Card Promotions	EyeRuler2 Patient Referral	Take Action Tab Eyewear Analysis
KPI IMPACT	Exam Growth Fill Rate No Show Rate	Sales Comp Sales	Retail Capture OD Productivity Average \$ Patient	Multiples Sun Avg \$ Spec Unit/Lens Avg \$ CL, Annual Supply	EPP EyeRuler Grateful Patient Google Review	Google Review RTFT Reject Dwell

PREPARE INSURANCE

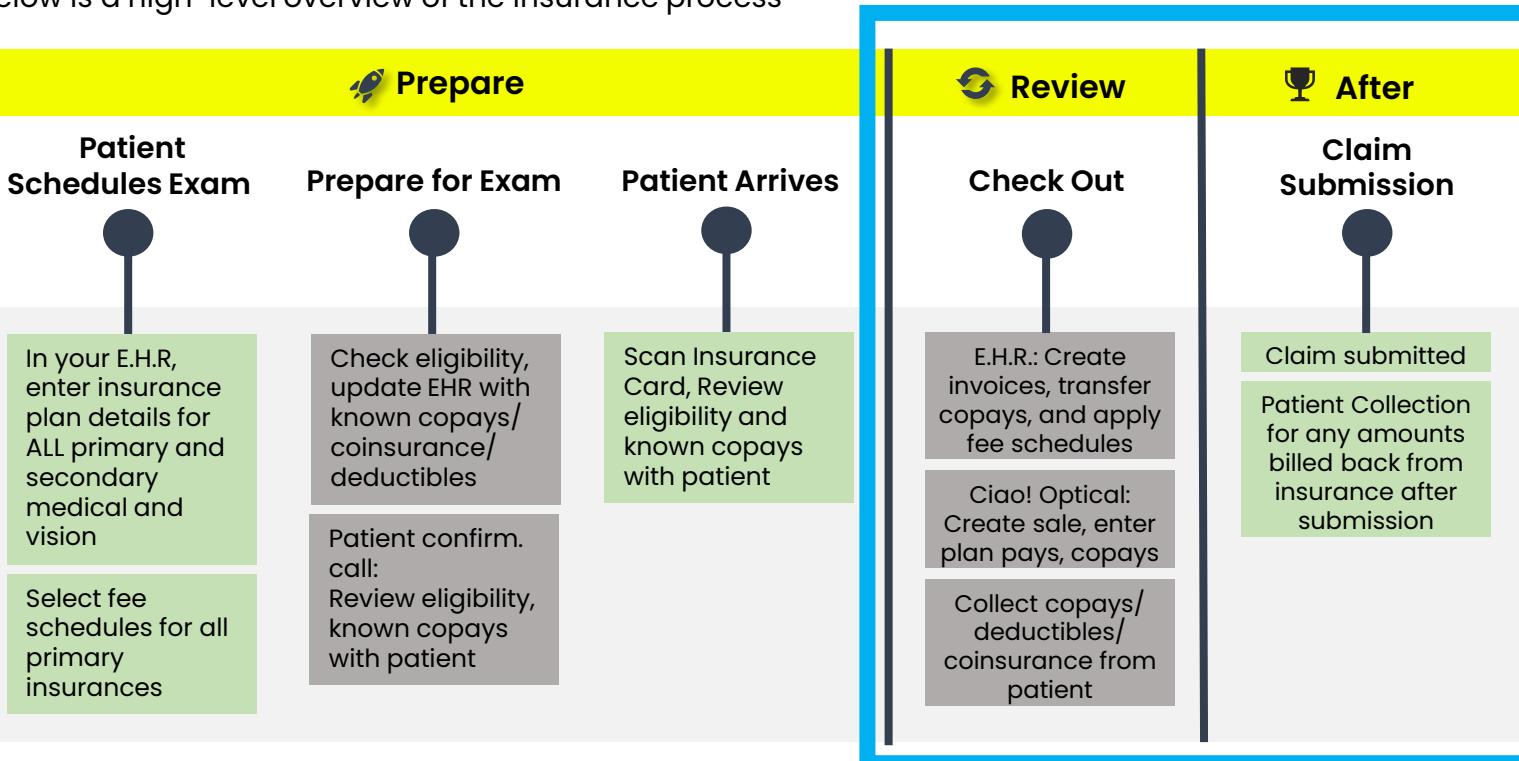
	Actions	What Does It Sound Like
Capture Medical + Vision	<p>PCC: (can also be done at time of appointment scheduling)</p> <ul style="list-style-type: none"> Capture all insurances (Routine + Medical Primary, Medical Secondary) for all patients regardless of exam type. Document in EHR. At check-in, scan all insurance cards (front and back). 	<p>Team Member: I know you're coming in for a medical exam, but I'd like to update/confirm our records. Do you still have VSP as well as Blue Cross for medical?</p> <p>I don't see a routine insurance carrier on file. Do you have routine coverage along with medical?....Please make sure to bring all insurance cards with you.</p>
Eligibility/ Pre-Auth	<p>PCC:</p> <ul style="list-style-type: none"> Use Trizetto or carrier's website to confirm eligibility, copays, and/or deductibles within 24-48 hours prior to patient arrival. Document in E.H.R or via office protocols (make sure it's clearly documented and easily found by all team members). 	<p>Team Member: Great- now that we have your insurance details, we will check authorization ahead of time and collect copays/deductibles at the time of your visit. Of course, if you add or change services, we will update you on what you can expect to pay.</p>
Co-Pay + Deductible	<p>PCC: (at check in)</p> <ul style="list-style-type: none"> Educate patient on copays (or potential copays). Inform patient that you will be collecting copays at some point during the visit. Confirm eligibility and copays are clearly visible for the team (listed on routing sheet, printed and on clipboard, etc.). 	<p>Team Member: Mrs. Smith, it looks like you have an overall \$10 copay for the routine exam. If you choose to add a contact lens exam or imaging, there will be additional fees that the technicians will review with you as needed.</p>

Insurance Process Overview



RETURN TO TABLE
OF CONTENTS

Below is a high-level overview of the insurance process



- Eligibility must be verified PRIOR to the patient's appointment.
 - Check Trizetto and/or Insurance carriers' website ahead of time to know the patient copay/deductible/coinsurance.
- All copays/coinsurance/deductibles must be collected at the time of service.**
 - We do not do back bill (i.e., you can not bill the insurance carrier to see what is covered and then send the patient an invoice.)**
- ALL services must be recorded in BOTH the E.H.R. AND Ciao! Optical (point-of-sale).**
- ROUTINE: Balances are zeroed out in the EHR.
- Claim submission will vary depending on office and insurance. Refer to your insurance guide or consult your billing team for claim billing responsibility.
- Improper billing may result in unnecessary write-offs and a greater chance of aging patient balances.**
- MEDICAL: Balances are left in the EHR. Claims are billed and reconciled out of the EHR. Materials being billed directly to medical carriers should also be entered into the EHR.**
- SECONDARY: Medical billers will manage secondary claim filing once primary insurance has been billed.**
- Any overpayments will be refunded.**

[Click HERE](#) to be redirected to the Patient Journey to watch RevolutionEHR How-To-Videos.



	Medical Insurance	Routine Insurance	Private Pay/Non-Covered Services
E.H.R. Fee Schedule	<p>Apply the Medical Fee Schedule</p> <ul style="list-style-type: none"> If copay is owed, transfer copay to patient that pulls from insurance amount owed, the plan pays will be reduced. If deductible, transfer whatever the patient is paying to the deductible from the insurance plan pays. The plan pays may be \$0. Claim will be filed to show patient applied money towards their deductible. 	Apply Routine Fee Schedule which will zero out balance	N/A
Copay in the E.H.R.	<ul style="list-style-type: none"> Transfer Patient Copayment AFTER fee schedule has been applied Patient invoice: Authorize and Receive payment Insurance invoice: DO NOT AUTHORIZE leave as pending 	Do not transfer. There are no patient balances left in the E.H.R.	<ul style="list-style-type: none"> Complete second invoice for services that are considered patient responsibility
Balance Left in EHR	Insurance amount owed – After Fee Schedule and Patient Payment Applied	None (discounted down to zero)	Record patient payment.
Ciao Optical!	<p>Post in Ciao!</p> <ul style="list-style-type: none"> If copay, make sure that's in the copay column and that the amount patient pays is correct If deductible, amount also goes copay. If the insurance amount from EHR is \$0, there is \$0 in plan pays. 	Record in Ciao!	Both invoices should be \$0 – patient paid
\$0 patient balance should be left in E.H.R. (medical insurance balance only)			
<p>Optomap:</p> <ul style="list-style-type: none"> Private pay: Assign to patient and record as paid in E.H.R. Routine: Discount services in E.H.R Medical: Assign to medical invoice. Transfer copay/coinsurance/deductible to patient, and record as paid in E.H.R. 			

An optometrist decides whether to bill medical or routine insurance based on **the reason for the visit and the diagnosis**.

- **Medical insurance** (like Blue Cross, Aetna, or Medicare) is used when the patient has a medical complaint or diagnosis affecting the eyes or vision.
 - Example: Red eyes, diabetes, cataracts, dry eye, glaucoma, eye pain, or infections.
 - Medical Diagnosis Codes vary greatly based on condition.
 - Common Optometric-related medical conditions listed below:

Category	Common Diagnoses	Diagnosis Codes
External Eye	Dry Eye Syndrome	H16.223 / H16.229
	Allergic Conjunctivitis	H10.021 / H10.023
	Blepharitis	H01.00X-
	Hordeolum (Stye)	H00.019 / H00.029
Visual Symptoms	Blurred vision / Visual disturbance	H53.8
	Double vision (Diplopia)	H53.2
	Eye pain	H57.10
Retina / Optic Nerve	Diabetic Retinopathy	H35.0- / E11.329
	Macular Degeneration	H35.3-
	Optic Nerve Disorder	H47.20 / H47.239
Glaucoma	Primary Open-Angle Glaucoma	H40.113
	Unspecified Glaucoma	H40.009
Cataracts	Age-Related Nuclear Cataract	H25.13
	Posterior Subcapsular Cataract	H25.043
Systemic Conditions	Diabetes Mellitus (no complication)	E11.9
	Hypertension	I10
	Long-term Insulin Use	Z79.4

GENERAL RULE: If the diagnosis code does not start with H52 or Z01, there is a HIGH likelihood it is medical.

MEDICAL INVOICING

RevolutionEHR



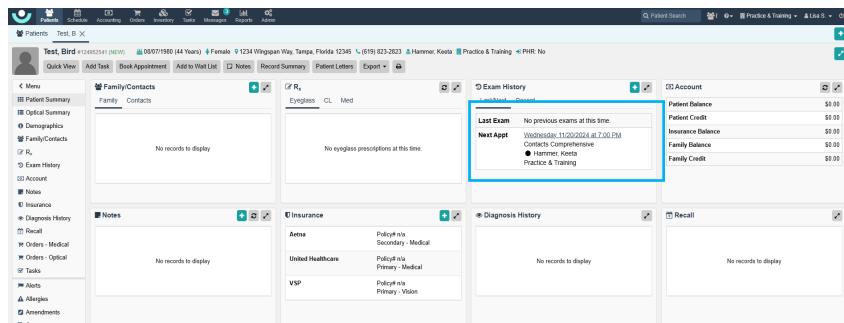


All MEDICAL carriers are billed through RevolutionEHR. There are also some Routine vision carriers that are billed out of the E.H.R. and therefore categorized and managed the same way as normal medical carriers.

Important notes:

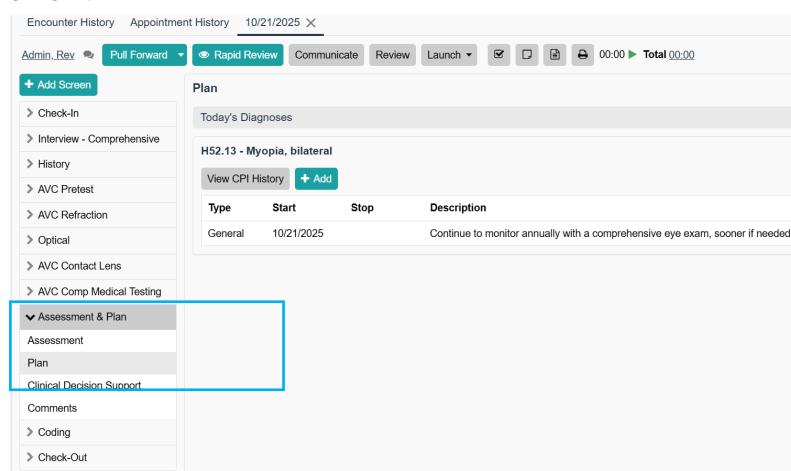
- Do not manually add services to invoices, use the ones coded by your doctors.
- NO patient balances are left in the E.H.R.
- **Insurance balance** remains on the invoice in the E.H.R.
- DO NOT create invoices for secondary medical carriers. it will be sent automatically or by your biller to secondary once primary has been billed).
 - Enter secondary into demographics but do not select a fee schedule.
 - If the secondary medical insurance has a copay, collected at the time of service and apply to the primary medical invoice.

1 Select the hyperlinked **Encounter** from the Exam History tile.



2 From the navigation bar within the encounter, click the **Assessment & Plan** tab, then click **Plan**.

- This provides a quick overview of the doctor's diagnoses and care plan. It serves as a handoff to keep you informed of patient needs after the exam, such as sales opportunities, follow-ups, education, or referrals.
- Take note of any important information or action items that may need follow-up from this section.



MEDICAL INVOICING

RevolutionEHR



RETURN TO TABLE
OF CONTENTS

3

From the navigation bar within the encounter, click the **coding** tab.

- This is where you will review the services that were provided and determine responsible payer.
- **NOTE: If a doctor codes a service with a medical diagnosis, it must be billed to medical insurance.**

In the example below, based on the service and diagnosis codes, there are:

- Two routine services (92004, 92015)
- One medical service (92134)
- One private-pay non-covered service (S9986)

Name/Code	Description
92004	COMP. OPHTH. SERVICE, NEW PT
92015	REFRACTION
92134	Computerized Ophth Imaging, Retina
S9986 - Screening Retinal Photos	S9986 - Screening Retinal Photos

Diagnoses List
H52.13
H52.13
H35.021

4

From the navigation bar within the encounter, click the **check out** tab.

- If your OD has entered **check out tasks** you must complete those before you go to billing.

Description
<input type="checkbox"/> Sell Dry Eye Mask and Artificial Tears

MEDICAL INVOICING

RevolutionEHR



RETURN TO TABLE
OF CONTENTS

5 Once check-out tasks have been completed, navigate to the **Billing** section.

- Select multiple services and Bulk Assign **OR**
- Use the + symbol to assign individual services to the correct Payer
- Repeat for each payer until all services have been assigned. There should be no services under "Billable Items". These become Unassigned Items on your end of day report.
- This will generate a **pending** invoice. Click the hyperlinked **invoice number** next to the primary medical payer to open the invoice.

Billing

Billable Items

Unassigned Assigned

Bulk Assign

Code	Description	Price
<input type="checkbox"/> S9986 - Screening Retinal Photos	S9986 - Screening Retinal Photos	\$44.00

Total \$44.00

Payers/Invoices

+ Create Invoice

Approval	#	Payer Name	Balance
Pending	301877948	Test, Avocado	N/A
Pending	301877986	Aetna (Primary Medical)	\$76.00
		VSP (Primary Vision)	\$210.00

6 Click **add fee schedule**.

- Medical fee schedules write off the contractual amount agreed upon with the insurance. The remaining balance is the "allowable amount" we can collect from patient & insurance combined.
- If the fee schedule button is not available, it means that a fee schedule has not been added in the insurance demographics section. Go back and add prior to continuing with the invoice.

Invoice must be in pending status to apply fee schedule.

Invoice Details

Insurance Invoice #296848254 ACTIVE Test, Avocado Throgs Neck

Pending Authorized Diagnoses Add Fee Schedule Transfer Items ...

Insurance Invoice #301877948 ACTIVE Test, Avocado 2277 Lake Havasu Family EyeCare Rev Admin 10/30/2025 (0 days)

Pending Authorized Diagnoses Remove Fee Schedule Transfer Items ...

Bill To

Aetna (Primary Medical)
P.O. Box 14770
Lexington, KY 40512

Service Date 10/29/2025 x

Fee Schedule AETNA

Fee Date 10/30/2025

Details Additional Claim Info Claim History Payment History Statement History Documents & Images Notes

Post Date	Code	Modifiers	Diagnoses	Description	Qty	Unit Price	Discounts	Tax	Ext. Price	Adjustments	Paid	Balance
10/29/2025	92134			Computerized Ophth Imaging, Retina	1	\$76.00	\$0.00	\$0.00	\$76.00	-\$36.84	\$0.00	\$39.16

Adjustments reflect the contractual write-off

Medical insurance invoices should have a remaining balance due (this is the allowable amount).

SUB TOTAL	\$76.00
Discounts	\$0.00
Tax	\$0.00
TOTAL	\$76.00
Adjustments	-\$36.84
Payments Received	\$0.00
BALANCE DUE	\$39.16

MEDICAL INVOICING

RevolutionEHR



RETURN TO TABLE
OF CONTENTS

7

If the patient owes a copay, coinsurance, or deductible, Click “Transfer Items”.

Insurance Invoice #301877948 ACTIVE Transfer Items ...

Bill To
Aetna (Primary Medical)
P.O. Box 14770
Lexington, KY 40512

Service Date 10/29/2025 X

Fee Schedule AETNA

Fee Date 10/30/2025

Details Additional Claim Info Claim History Payment History Statement History Documents & Images Notes

Post Date	Code	Modifiers	Diagnoses	Description	Qty
10/29/2025	92134		E11.3212	Computerized Ophth Imaging, Retina	1

8

Select Transfer Reason and confirm that you are transferring to “Patient”.

NOTE: If there are already services assigned to the patient (i.e. non-covered items), it will transfer the copays to the existing invoice and combine them on one patient invoice.

Transfer Items

Invoice #301877948 for Test, Avocado*

Transfer Type * Transfer Write-off

Transfer To * Patient Insurance

Select Transfer Reason

- WRITE-OFF APPROVAL BACK OFFICE
- Coinurance/Copay - Amount applied to patient copayment
- Deductible - Amount applied to patient deductible
- Claim Denied - Non covered service
- Partial Claim Denied - Non covered service
- Claim Denied - Policy not in effect at time of service

Include All Items in Transfer

Code	Description	Qty	Unit Price	Sub-Total	Disc
92134	Computerized Ophth Imaging, Retina	1	\$76.00	\$76.00	

9

Type the amount you want to transfer in the “Transfer” box then Save.

NOTE: The amount cannot be more than the balance on that line item. For example, if this patient had a \$50 copay but the plan pays was only \$39.16, you can only collect \$39.16. If they had more than one service, you could split the copays to be able to collect the full amount.

Qty	Unit Price	Sub-Total	Discounts	Tax	Ext. Price	Transfer	Adjustments	Paid	Balance
1	\$76.00	\$76.00	\$0.00	\$0.00	\$76.00	\$20.00	-\$56.84	\$0.00	\$19.16

\$20.00 -\$56.84 \$19.16

CURRENT BALANCE	\$39.16
Amount Transferred	\$20.00
AFTER PAYMENTS & TRANSFERS	\$19.16

X Cancel Save

MEDICAL INVOICING

RevolutionEHR



RETURN TO TABLE
OF CONTENTS

10

Your insurance invoice will now reflect the final billing for medical services:

A

Adjustments now reflects both contractual write-offs (discounts) and patient responsibility. These amounts will be entered in two different fields in Ciao! Optical.

B

Balance Due is now reduced and reflects the true amount that we expect to receive from the insurance. Use the “Balance” for each line item as the “Plan Pays” amount in Ciao! Optical.

Invoice Details

Insurance Invoice #301877948 ACTIVE Test, Avocado* 2277 Lake Havasu Family EyeCare Rev Admin 10/30/2025 (0 days)

Pending Authorized Diagnoses Remove Fee Schedule Transfer Items ...

Bill To
Aetna (Primary Medical)
P.O. Box 14770
Lexington, KY 40512

Service Date 10/29/2025 x
Fee Schedule AETNA
Fee Date 10/30/2025

Details Additional Claim Info Claim History Payment History Statement History Documents & Images Notes

Post Date	Code	Modifiers	Diagnoses	Description	Qty	Unit Price	Discounts	Tax	Ext. Price	Adjustments	Paid	Balance
10/29/2025	92134		E11.3212	Computerized Ophth ...	1	\$76.00	\$0.00	\$0.00	\$76.00	-\$56.84	\$0.00	\$19.16

Show All

A **B**

Adjustments **Balance**

Tax **Ext. Price** **Adjustments** **Paid** **Balance**

Tax	Ext. Price	Adjustments	Paid	Balance
\$0.00	\$76.00	-\$56.84	\$0.00	\$19.16

Sub Total \$76.00
Discounts \$0.00
Tax \$0.00
Total \$76.00
Adjustments -\$56.84
Payments Received \$0.00
Balance Due \$19.16

Adjustment **Details** **Amount**

Fee Schedule	Third party discount - Fee reduced/Participating Provider	-\$36.84
Transfer Out	Coinurance/Copay - Amount applied to patient copayment	-\$20.00

11

DO NOT AUTHORIZE THE MEDICAL INVOICE. Your medical biller will review the invoice, add any modifiers or special codes required prior to authorizing and billing to the medical carrier. Close the invoice to return to the Checkout screen in the encounter.

Invoice Details

Insurance Invoice #301877948 ACTIVE Test, Avocado* 2277 Lake Havasu Family EyeCare Rev Admin 10/30/2025 (0 days)

Pending

Authorized

Diagnoses

Remove Fee Schedule

Transfer Items

...

Bill To

Aetna (Primary Medical)
P.O. Box 14770
Lexington, KY 40512

Service Date 10/29/2025 x

Fee Schedule AETNA

Fee Date 10/30/2025

Details Additional Claim Info Claim History Payment History Statement History Documents & Images Notes

IF THE PATIENT DOES NOT OWE ANYTHING, COMPLETE THE ENCOUNTER AND PROCEED TO “CIAO! OPTICAL ENTRY”.

IF THE PATIENT OWES AND YOU HAVE A PATIENT INVOICE, TRANSFER SERVICES TO CIAO! OPTICAL, THEN PROCEED TO “PATIENT INVOICING IN E.H.R.”

PATIENT INVOICING

RevolutionEHR



RETURN TO TABLE
OF CONTENTS

Once you have taken payment from the patient:

1

From the “Checkout” tab, click the hyperlink to open the Patient Invoice.

The screenshot shows the 'Billing' section of the RevolutionEHR software. On the left, under 'Billable Items', there are tabs for 'Unassigned' and 'Assigned'. The 'Assigned' tab is selected, showing a table with columns for 'Code', 'Description', and 'Price'. A message 'No records to display' is shown below the table. On the right, the 'Payers/Invoices' section is displayed with a table. A button '+ Create Invoice' is at the top. The table has columns for 'Approval', '#', 'Payer Name', and 'Balance'. It lists three entries: 'Pending' (Approval 301937643, Payer Test, Avocado, Balance \$64.00), 'Pending' (Approval 301877948, Payer Aetna (Primary Medical), Balance \$19.16), and 'Authorized' (Approval 301877986, Payer VSP (Primary Vision), Balance \$0.00). The approval number 301937643 is highlighted with a blue box.

2

Complete your patient invoice.

- Authorize and Receive payment
- Balance should be zero (you've recorded payment)

The screenshot shows the 'Patient Invoice #301937643' screen. The 'Authorized' tab is selected. The 'Receive Payment(s)' dialog is open, showing a table with columns for '#', 'Invoice Date', 'Service Date', 'Patient Name', 'Total', 'Balance', 'Payment', 'Items', 'Transfer', and 'New Balance'. The table has one row with data: '# 160577734, Invoice Date 07/23/2021, Service Date 07/06/2021, Patient Name Steenis, Dude, Total \$170.00, Balance \$24.00, Payment \$24.00, Items \$0.00, Transfer \$0.00, New Balance \$0.00'. A red box highlights the checkbox to the left of the invoice number 160577734, and a red arrow points to it. The 'Payment Amount' field is set to \$24.00, and the 'Payment Method' is set to 'Credit Card' (Mastercard). The 'Apply in Full' checkbox is checked. The 'Apply Payments' button is highlighted with a red box at the bottom right of the dialog.

PATIENT INVOICE SAMPLE

RevolutionEHR



RETURN TO TABLE
OF CONTENTS

Invoices may be provided to patients. All tendering occurs with Ciao! Optical but invoices are available should someone ask or need it for HSA/FSA submission.

Send payments to:
Testing print name - as is
456 Main St Suite 2222
Fishers AL 36854
(000) 222-3333

Bill To
Jeff Steenis
123 Main St.
Cottage Grove WI 53527

Invoice

Service Date	Invoice Date	Invoice #
07/06/2021	07/23/2021	160577734
Patient	Patient #	
Dude Steenis		
18401829		
Provider	Tax ID	
Carroll, Dr. Kat OD		
1111111111		

Code	Description	Price	Qty	Disc	Tax	Adjs	Paid	Balance
92004	COMP. OPHTH. SERVICE, NEW PT Diagnoses: H02.31	\$140.00	1	\$0.00	\$0.00	-\$120.0	\$20.00	\$0.00
	Billed to Insurance - Invoice 160576973 : (\$140.00)							
	Transfer In - Coinsurance/Copay - Amount applied to patient copayment : \$20.00							
92133	SCANNING COMPUTERIZED OPHTH IMAGING, OPTIC NERVE Diagnoses: H02.31	\$30.00	1	\$0.00	\$0.00	-\$26.00	\$4.00	\$0.00
	Billed to Insurance - Invoice 160576973 : (\$30.00)							
	Transfer In - Coinsurance/Copay - Amount applied to patient copayment : \$4.00							
PAYMENT	Credit Card (Mastercard) - 07/26/2021							-\$24.00
							Sub-Total	\$170.00
							Discounts	\$0.00
							Tax	\$0.00
							Total Amount	\$170.00
							Adjustments	-\$146.00
							Payments Received	\$24.00
							Credits Granted	\$0.00
							Balance Due	\$0.00

MEDICAL INVOICING

Eclips

MEDICAL INVOICING

Eclips



RETURN TO TABLE
OF CONTENTS

Follow these steps to check out/invoice a routine vision insurance carrier.

Important notes:

- Do not manually create invoices to add services, use the ones coded by your doctors.
- NO patient or insurance balances are left in the E.H.R. for Routine services.
- You must have at least one diagnosis code on each service line.

- 1 Navigate to **Optical/Checkout** tab. The patient should have “Provider:_____” listed under their name indicating an invoice has been created.

Search Patient

EssilorLuxottica Optometrist

Home Patients Scheduler EHR Optical/Checkout Claims Reports Recall Admin

Checked-In Patients REFRESH Invoices

Filter by Patient Name Invoice #/Loc Patient Status Patient Balance Created Tasks

Provider: Timothy Bass

TEST,TEST Arrived

No Invoices to display.

- 2 Click under the Provider listed in the blank area to open the invoices on the right side of the screen. Then, Click the Blue Invoice Number to open the invoice.

Search Patient

EssilorLuxottica Optometrist

Home Patients Scheduler EHR Optical/Checkout Claims Reports Recall Admin

Checked-In Patients REFRESH Invoices for TEST,TEST

Filter by Patient Name Invoice #/Loc Patient Status Patient Balance Created

Provider: Timothy Bass

TEST,TEST (Arrived)

IN315331 B TEST,TEST
1039 - Triangle Visi Open \$39.00 6 minutes ago
11/12/2025 10:51:18...

MEDICAL INVOICING

Eclips



RETURN TO TABLE
OF CONTENTS

3 The doctor will pre-assign the insurance to each service. Verify that the correct insurance is selected (routine/medical).

A To determine whether it is medical or vision, look at the diagnosis codes listed and assigned to each service.

NOTE: If a doctor codes a service with a medical diagnosis, it must be billed to medical insurance.

B If necessary, change insurance using dropdown. Fee schedules (allowable) are automatically calculated based on Plan selection in the Insurance Demographics. **For medical insurance, insurance balances will REMAIN in the E.H.R. Patient copays, deductibles, and coinsurance should be transferred to the patient accordingly.**

(+)	Item ID Qty	ICD Code(s) Modifier(s)	Procedure/Product Code Provider	Insurance Staff Member	Usual/Cu Fee	Allowable	Ins. Res.	Ins. Adjust
	EX275742 1	A	92015 92015 - Refractive Bass, Timothy	VSP (Vision-Primary) Patient Filed Claim Private Pay	\$60.00		\$0.00	\$0.00
	EX275742 1	A	92014 92014 - EST Cor Bass, Timothy	VSP (Vision-Primary)	\$140.00		\$0.00	\$0.00
	EX275742 1		S9986 S9986 - Optoma Bass, Timothy	Private Pay	\$39.00		\$0.00	\$0.00

Review

Invoice Private Pay Insurance Benefits

Notes (0) New Note

Christopher Beckerdite (55/M)
IN315331 Open T030 - Triangle Visions - Apex T039

ICD Codes - Click letter button to toggle or codes.
A H52.13 B C

Account Balance
\$0.00
Unappl. Pmts
\$0.00
Pt. Balance
\$39.00
Ins. Balance
\$0.00

- For all medical insurance plans, ECLIPS will auto-calculate the insurance responsibility

MEDICAL PLANS

= PLAN PAYS in Ciao! Optical – take note of it. This doesn't print on an invoice!

(+)	Item ID Qty	ICD Code(s) Modifier(s)	Procedure/Product Code Provider	Insurance Staff Member	Usual/Cu Fee	Allowable	Ins. Res.	Co-Pay	Pt. Res.	Net Pt. Bal.	Pt. Balance	Ins. Balance
	A 1	99214- 99214- E&M Le vel 4 Ext Smith	Blue Cross Blue Shield Of NC	\$200.00	\$74.29	\$74.29	\$125.71	\$0.00	\$40.00	\$0.00	\$0.00	\$0.00
	A 1	92134- 92134 Retina O CT Smith	Blue Cross Blue Shield Of NC	\$120.00	\$39.59	\$39.59	\$80.41	\$0.00	\$0.00	\$0.00	\$0.00	\$39.59

Totals \$320.00 \$113.88 \$73.68 \$206.12 \$0.00 \$40.00 \$0.00 \$40.00 \$0.00 \$0.00 \$0.00 \$0.00

Account Balance
\$0.00
Unappl. Pmts
\$0.00
Pt. Balance
\$0.00
Ins. Balance
\$73.68

= Patient Resp or
Copays should be
entered into COPAY
column Ciao! Optical

PT BAL should always
be \$0 (apply
payments). Only BAL
left is Ins. Balance.

VERY IMPORTANT: In Ciao! Optical - DO NOT reduce Plan Pays by Copay Amount. We do this for Routine but not for Medical, this is already covered when you apply it in Eclips.

MEDICAL INVOICING

Eclips



RETURN TO TABLE
OF CONTENTS

4 If the invoice does not code over from the exam, you may have to manually create and invoice from the patient summary screen.

- A Click "invoice" from the patient summary screen.
- B Add Professional services
- C Type in Procedure code
- D Add diagnosis code
- E Add diagnosis pointer

5 For private pay items, click "pay" at the top to receive payment

MEDICAL INVOICING

Eclips



RETURN TO TABLE
OF CONTENTS

6

Once all items have been applied and paid, "Change Appointment Status" to "Checked out" on the payment screen.

Click Save and close.

Payment

CLOSE Save & Add New Save

Selected Invoices	Invoice #	Amount	Paid	Pt. Balance	Payment
	IN315331	\$39.00	\$0.00	\$39.00	\$39.00
		Total Payment			\$39.00

Payment Details

Cash Credit Card Debit Card Check Unapplied Payments Other

Amount \$39.00

Type

Card Last 4 Digits

Note

Change Appointment Status

	\$239.00	\$0.00	\$0.00	\$0.00	\$200.00	\$0.00	\$
Totals							

MEDICAL INVOICING

Ciao! Optical

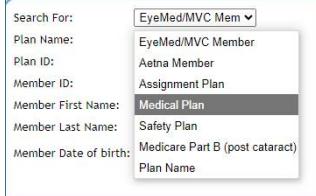
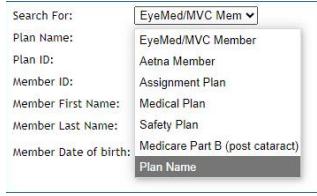




ALL services, whether the patient owes money or not, must be entered in BOTH your E.H.R and Ciao! Optical.

When choosing the medical insurance carrier in Ciao! Optical, it is important to pull the plan the correct way, via the **Medical Plan** dropdown.

- Selecting the medial carrier via Assignment Plan or Plan Name will have a negative impact on insurance billing and reporting.
- Because Medical plans are not billed out of Ciao! Optical, using the Medical Plan dropdown will bypass the patient demographics needed for routine vision carriers.
- All medical plans in Ciao! Optical are **Bill Actual**, meaning you must manually enter all services, plan pays, discounts, and copays/coinsurance/deductibles on the Order Worksheet in Ciao! Optical.

CORRECT	NOT CORRECT
	

If you see this screen when you are trying to bill out a MEDICAL plan in Ciao! Optical, you have not selected from the Medical Plan dropdown. Go back to the insurance search screen and try again.

Training Test 

NOT CORRECT

Plan Information

Plan Name: VSP-ROSN
Phone #:
Open Hours:
Plan ID: 1824524

Plan Type: Assignment
Authorized: Frame Lens
 Contacts Exam

Materials Auth: 6783424
Benefit Calculation Notes:

Customer Information

Member ID: 12345678
SSN:
DOB: 8/7/1980 

Customer Plan Information

Employment Status: Full-Time Employer: Target
Student Status: Not a Student Marital Status: Married

Relation to Primary Member: Self

Is condition related to employment? Yes No Unknown
Is customer's need accident related? Yes No
Is there a secondary plan? Yes No

Primary Member Plan Information

First Name: MI: Last Name:
Address:
ZIP Code: City: State:
Member ID: SSN: Phone:
Gender: Male Female Employment Status:
Employer: Marital Status:
DOB: MM/DD/YYYY  Student Status:

83

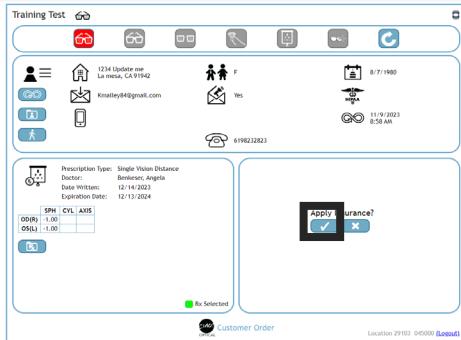
MEDICAL INVOICING

Ciao! Optical

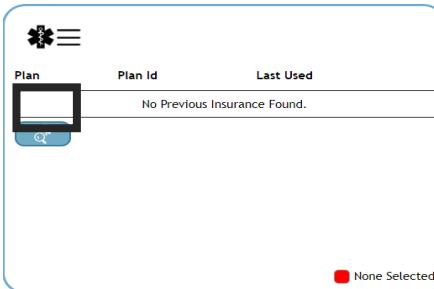


RETURN TO TABLE
OF CONTENTS

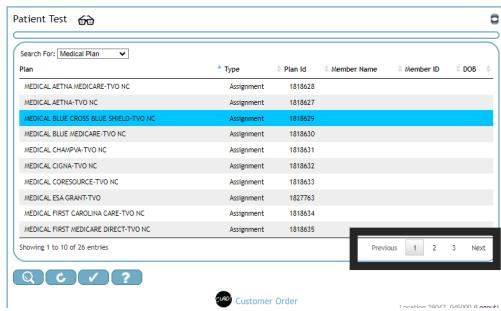
1 Click the Checkmark to indicate you'd like to apply insurance



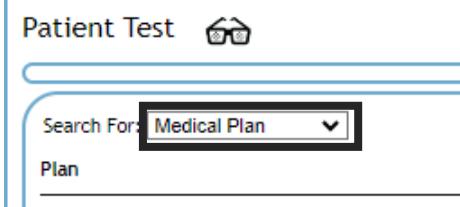
2 Click the blue Search button



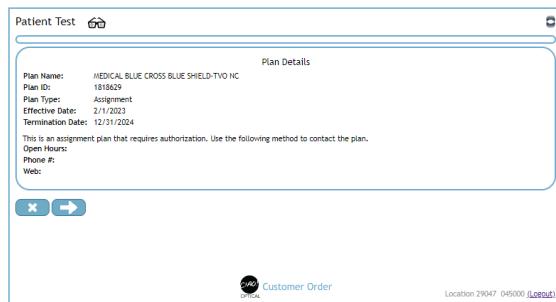
4 • Select the carrier you need to enter
• Note there are multiple pages



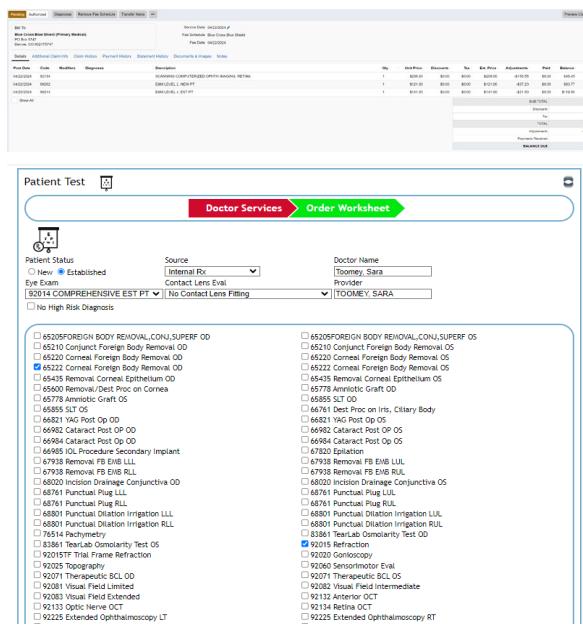
3 On the "Search For" pulldown, change it to "Medical Plan"



5 Arrow Forward through the Plan Details screen.



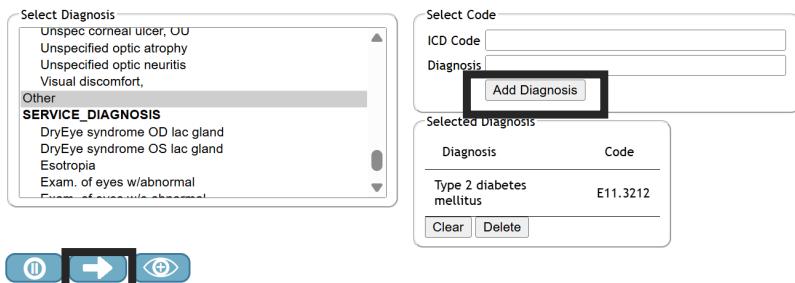
6 Use the E.H.R Invoice to select the services provided in Ciao! Optical



7 Enter the patient diagnosis and click arrow forward.

HINT: If you cannot find the diagnosis by description, select "Other" from the Diagnosis list then manually type in the ICD Code and Diagnosis.

ICD CODE= Letter/# combo (ex. E11.31)
Diagnosis= Description (i.e. Type 2 Diabetes)





8

Enter the Plan Pays, Discounts, and Patient Copays from the E.H.R. Invoice

NOTE: In the discount column, click the % key to change it to a \$ or your Ciao! Equations will be off.

A Plan Pays = Balance left on insurance invoice in E.H.R.

B Discounts= Retail – Plan Pays

C Copays = Coinsurance, Copays, and Deductibles paid by the patient

RevolutionEHR

Invoice Details

Insurance Invoice #301877948 ACTIVE Test_Avocado* 2277 Lake Havasu Family EyeCare Rev Admin 10/30/2025 (0 days)

Pending Authorized Diagnoses Remove Fee Schedule Transfer Items ...

Bill To: Aetna (Primary Medical) P.O. Box 14770 Lexington, KY 40512

Service Date: 10/29/2025 *

Fee Schedule: AETNA

Fee Date: 10/30/2025

Details Additional Claim Info Claim History Payment History Statement History Documents & Images Notes

Post Date	Code	Modifiers	Diagnoses	Description	Qty	Unit Price	Discounts	Tax	Ext. Price	Adjustments	Paid	Balance
10/29/2025	92134		E11.3212	Computerized Ophth ...	1	\$76.00	\$0.00	\$0.00	\$76.00	-\$56.84	\$0.00	\$19.16

Show All

Tax	Ext. Price	Adjustments	Paid	Balance
\$0.00	\$76.00	-\$56.84	\$0.00	\$19.16

Adjustment	Details	Amount
Fee Schedule	Third party discount - Fee reduced/Participating Provider	-\$36.84
Transfer Out	Coinurance/Copay - Amount applied to patient copayment	-\$20.00

Sub Total	\$76.00
Discounts	\$0.00
Tax	\$0.00
TOTAL	\$76.00
Adjustments	-\$56.84
Payments Received	\$0.00
BALANCE DUE	\$19.16

A
B
C

Doctor Services ➤ Order Worksheet

Order Price Calculator

Plan Name: MEDICAL AETNA-HAVASU Type: Assignment
Group #: Plan ID: 1817622

Services	Retail Price	You Pay	Plan Pays	Discount	Copay
OD Service Add On Only - VC NEW	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
92134 Retina OCT	\$76.00	\$76.00	\$19.16	\$56.84	\$20.00
ADD-ON ONLY PACKAGE ARTICLE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total	76.00	76.00	19.16	56.84	20.00

Benefit Calculation Notes

(1)
×
➡
Arrow forward when done editing.

MEDICAL INVOICING

Ciao! Optical



[RETURN TO TABLE OF CONTENTS](#)

1 For all medical insurance plans, ECLiPS will auto-calculate the insurance responsibility

ECLIPS E.H.R

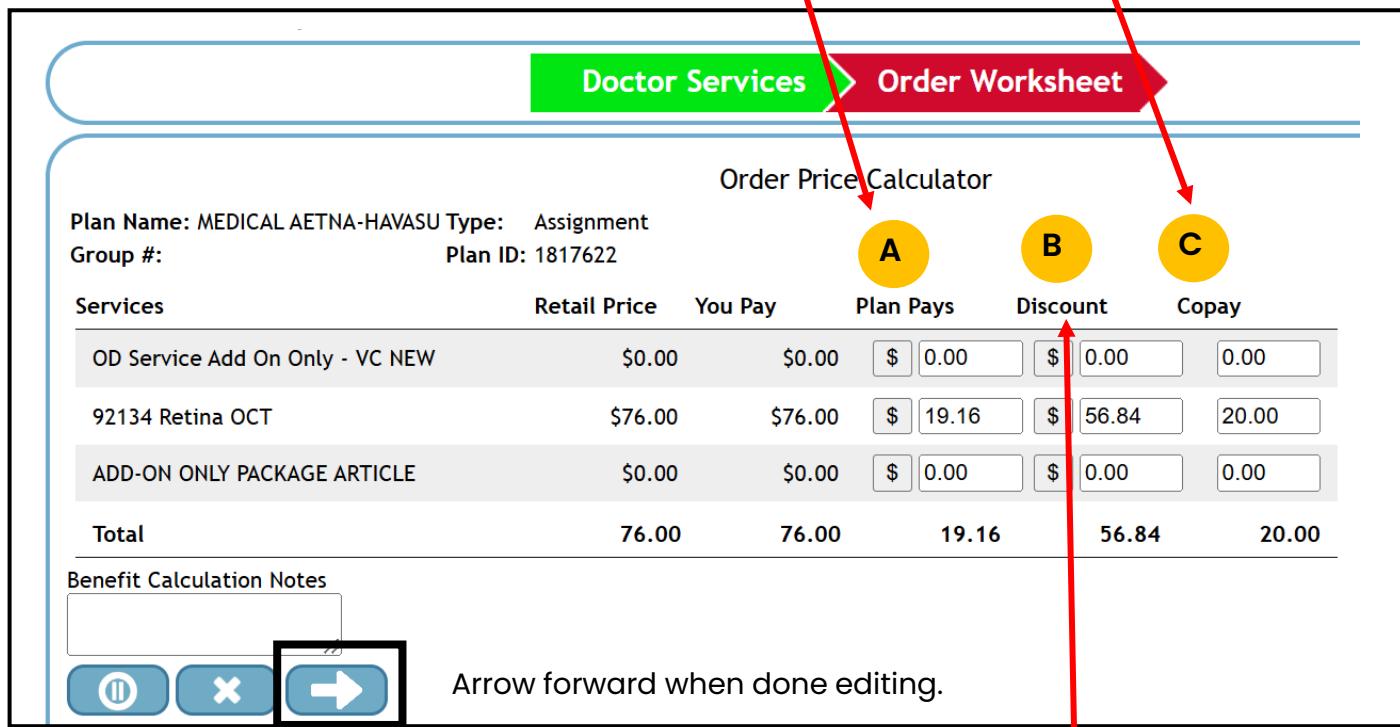
= PLAN PAYS in Ciao! Optical – take note of it. This doesn't print on an invoice!

IN1147		Posted T047 - Triangle Visions - Gastonia 02/08/2023		ICD Codes - Click letter button to toggle on/off for all line items. Select the drop down to add additional ICD codes.										
Date of Service: Posted Date:		02/08/2023 03:21:55 PM EST		A H40.051										
(+)		Item ID Qty	ICD Code(s) Modifier(s)	Procedure/Product Code Provider	Insurance Staff Member	Usual/Cust Fee	Allowable	Ins. Res.	Ins. Adjust	Pt. Disc	Co-Pay	Pt. Res.	Total Pt. Tax	Pt. Balance Int. Balance
		A 1 (+)		99214 - 99214- E&M Level 4 Est Smith	Blue Cross Blue Shield Of NC	\$200.00	\$74.29	\$34.29 46.16%	\$125.71	\$0.00	\$40.00 53.84%	\$0.00	\$40.00 \$0.00	\$0.00 \$34.29
		A 1 (+)		92134 - 92134 Retina O CT Smith	Blue Cross Blue Shield Of NC	\$120.00	\$39.59	\$39.59 100%	\$80.41	\$0.00	\$0.00 0%	\$0.00	\$0.00 \$0.00	\$0.00 \$39.59
Totals						\$320.00	\$113.88	\$73.88	\$206.12	\$0.00	\$40.00 \$0.00 Total: \$40.00	\$0.00 \$0.00 Total: \$40.00	\$40.00 \$0.00 Total: \$40.00	Account Balance Unappl. Pmts Pt. Balance Ins. Balance \$0.00 \$0.00 \$0.00 \$73.88

- =Patient Resp or Copays should be entered into COPAY column Ciao! Optical

PT BAL should always be \$0 (apply payments). Only BAL left is Ins. Balance.

CIAO! OPTICAL



Retail-Plan Pays = Discount

MEDICAL INVOICING

Ciao! Optical



RETURN TO TABLE
OF CONTENTS

9

Click the Checkered Flags to bring the order to Ready Status on Active Orders List.

Fake Patient

Doctor Services **Order Worksheet**

Category	QTY	Item#	Description	Retail Price
Dr. Service				
	1	20500002464182	OD Service Add On Only - VC NEW	\$0.00
	1	20500001689920	92134 Retina OCT	\$76.00
	1	20500000523652	ADD-ON ONLY PACKAGE ARTICLE	\$0.00
				TOTAL: \$76.00

Main Promotion

Current Offer:

Deal Code:

Associate Sale

Promotion Savings \$0.00

YOU PAY: **\$76.00**

Vision Care Plan Pricing

Vision Care Plan: MEDICAL AETNA-HAVASU

Plan Id: 1817622

Current Offer:

Deal Code:

Promotion Savings \$0.00

Vision Care Savings \$56.00

YOU PAY: **\$20.00**

Quote valid through: November 29, 2025

10

Collect payment on your credit card terminal, cash, check, or CareCredit and tender.

11

If the patient had an invoice in RevolutionEHR, return to the E.H.R. to receive payment and close out the patient invoice.

MEDICAL INVOICING

Examples

NO FEE SCHEDULE IN E.H.R.

Example-Medical



RETURN TO TABLE
OF CONTENTS

For Medical Plans with no fee schedule in the E.H.R. (we may not know the reimbursement amount), no contractual write-offs will be applied.

In the E.H.R.:

Bill To				Service Date 11/19/2025																					
Cigna (Primary Medical) P.O. Box 182223 Chattanooga, TN 374227223				Fee Schedule None Fee Date None																					
Details		Additional Claim Info		Claim History		Payment History		Statement History		Documents & Images		Notes													
+ Add																									
Post Date	Code	Modifiers	Diagnoses	Description	Qty	Unit Price	Discounts	Tax	Ext. Price	Adjustments	COPAY	PLAN PAYS													
11/19/2025	67820			TRICHIASIS CORRECTION, EPILATION	1	\$84.00	\$0.00	\$0.00	\$84.00	-\$50.00	\$34.00	\$34.00													
11/19/2025	92060			SENSORIMOTOR EXAM	1	\$105.00	\$0.00	\$0.00	\$105.00	\$0.00	\$105.00	\$105.00													
11/19/2025	92071-LT			FITTING OF CL TO TREAT SURFACE ...	1	\$62.00	\$0.00	\$0.00	\$62.00	\$0.00	\$62.00	\$62.00													
<input type="checkbox"/> Show All																									
				<table border="1"> <tr> <td>Sub Total</td><td>\$251.00</td></tr> <tr> <td>Discounts</td><td>\$0.00</td></tr> <tr> <td>Tax</td><td>\$0.00</td></tr> <tr> <td>TOTAL</td><td>\$251.00</td></tr> <tr> <td>Adjustments</td><td>-\$50.00</td></tr> <tr> <td>Payments Received</td><td>\$0.00</td></tr> <tr> <td>BALANCE DUE</td><td>\$201.00</td></tr> </table>								Sub Total	\$251.00	Discounts	\$0.00	Tax	\$0.00	TOTAL	\$251.00	Adjustments	-\$50.00	Payments Received	\$0.00	BALANCE DUE	\$201.00
Sub Total	\$251.00																								
Discounts	\$0.00																								
Tax	\$0.00																								
TOTAL	\$251.00																								
Adjustments	-\$50.00																								
Payments Received	\$0.00																								
BALANCE DUE	\$201.00																								

In Ciao! Optical:

Order Price Calculator						
Plan Name: MEDICAL CIGNA-TOSLAND B Type: Assignment		Group #: Plan ID: 1816078				
Services	Retail Price	You Pay	Plan Pays	Discount	Copay	
OD Service Add On Only - VC NEW	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00
67820 Epilation	\$84.00	\$84.00	\$34.00	\$50.00	\$50.00	
92060 Sensorimotor Eval	\$105.00	\$105.00	\$105.00	\$0.00	\$0.00	0.00
92071 Therapeutic BCL OS	\$62.00	\$62.00	\$62.00	\$0.000	\$0.000	0.00
ADD-ON ONLY PACKAGE ARTICLE	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00
Total	251.00	251.00	201.00	50.00	50.00	

Adjustments in this case are copays that were transferred to the patient.

•**Plan Pays** = Retail Price

•**Discount** = Retail Price – Plan Pays

•**Copay** = Adjustments in E.H.R.

FEE SCHEDULE IN E.H.R.

Example - Medical



RETURN TO TABLE
OF CONTENTS

When we know what our allowable amount is for specific services, a fee schedule is available in the E.H.R.

Before Fee Schedule Applied:

Bill To				Service Date 11/19/2025								
Aetna (Primary Medical) P.O. Box 14770 Lexington, KY 40512				Fee Schedule None Fee Date None								
Details Additional Claim Info Claim History Payment History Statement History Documents & Images Notes												
+ Add												
Post Date	Code	Modifiers	Diagnoses	Description	Qty	Unit Price	Discounts	Tax	Ext. Price	Adjustments	Paid	Balance
11/19/2025	66984-RT		H35.021	CATARACT REMOVAL, PHACO W/IOL...	1	\$205.00	\$0.00	\$0.00	\$205.00	\$0.00	\$0.00	\$205.00
11/19/2025	92132		H35.021	Computerized Ophth Imaging, Ant Seg...	1	\$75.00	\$0.00	\$0.00	\$75.00	\$0.00	\$0.00	\$75.00
11/19/2025	92250		H35.021	FUNDUS PHOTOGRAPHY	1	\$96.00	\$0.00	\$0.00	\$96.00	\$0.00	\$0.00	\$96.00
<input type="checkbox"/> Show All										SUB TOTAL	\$376.00	
										Discounts	\$0.00	
										Tax	\$0.00	
										TOTAL	\$376.00	
										Adjustments	\$0.00	
										Payments Received	\$0.00	
										BALANCE DUE	\$376.00	

The fee schedule automatically deducts any contractual write-offs, leaving only the allowable amount in the balance column. You must then transfer any patient copays, coinsurance, and deductibles.

After Fee Schedule is applied AND patient copay is transferred:

Bill To				Service Date 11/19/2025								
Aetna (Primary Medical) P.O. Box 14770 Lexington, KY 40512				Fee Schedule AETNA Fee Date 11/19/2025								
Details Additional Claim Info Claim History Payment History Statement History Documents & Images Notes												
+ Add												
Post Date	Code	Modifiers	Diagnoses	Description	Qty	Unit Price	Discounts	Tax	Ext. Price	Adjustments	Paid	Balance
11/19/2025	66984-RT		H35.021	CATARACT REMOVAL, PHACO W/IOL, Ri...	1	\$205.00	\$0.00	\$0.00	\$205.00	-\$167.37	\$0.00	\$37.63
11/19/2025	92132		H35.021	Computerized Ophth Imaging, Ant Segment	1	\$75.00	\$0.00	\$0.00	\$75.00	-\$41.27	\$0.00	\$33.73
11/19/2025	92250		H35.021	FUNDUS PHOTOGRAPHY	1	\$96.00	\$0.00	\$0.00	\$96.00	-\$59.51	\$0.00	\$36.49
<input type="checkbox"/> Show All										SUB TOTAL	\$376.00	
										Discounts	\$0.00	
										Tax	\$0.00	
										TOTAL	\$376.00	
										Adjustments	-\$268.15	
										Payments Received	\$0.00	
										BALANCE DUE	\$107.85	

Adjustment	Details	Amount
Fee Schedule	Third party discount - Fee reduced/Participating Provider	-\$117.37
Transfer Out	Coincurrence/Copay - Amount applied to patient copayment	-\$50.00

PLAN
DISCOUNT
PAYS

COPAY

IN CIAO! OPTICAL:

- **PLAN PAYS** = BALANCE from E.H.R.
- **DISCOUNT** = Retail – Plan Pays (also Adjustments column in E.H.R.)
- **COPAY** = Patient copay transferred out

HOW TO READ A CIAO! RECEIPT



RETURN TO TABLE
OF CONTENTS

Funds are distributed on different lines based upon Usual & Customary and Insurance deductions. **At the time of Tender in Ciao! Optical, it is always a best practice to email & print the patient receipts.**

<p>Receipt #: 2000004 Date: 12/6/21 @ 12:50 PM Store: 29013 Register: 2 Cashier: Katie 775880 Salesperson: 775880 (Katie)</p> <table border="1"> <thead> <tr> <th>Item</th><th>Qty</th><th>Price</th><th>Amount</th></tr> </thead> <tbody> <tr> <td>Order For: TESTMASTER</td><td></td><td></td><td></td></tr> <tr> <td>Sales Order: 10000774129013</td><td></td><td></td><td></td></tr> <tr> <td>92015 Refraction 20500001689838 1</td><td></td><td>49.00</td><td>0.00</td></tr> <tr> <td>4321-Insurance Discount Sales Order 10000774129013 [Doctor Service Addon]</td><td></td><td></td><td>(49.00)</td></tr> <tr> <td>92014 Est Comprehensive 20500001863382 1</td><td></td><td>137.00</td><td>75.00</td></tr> <tr> <td>4321-Insurance Discount Sales Order 10000774129013 [Doctor Service] ADD-ON ONLY PACKAGE ARTICLE</td><td></td><td></td><td>(62.00)</td></tr> <tr> <td>92310 CI Evaluation Std 20500001866352 1</td><td></td><td>49.00</td><td>49.00</td></tr> <tr> <td>4321-Insurance Discount Sales Order 10000774129013 [Contact Evaluation]</td><td></td><td></td><td>0.00</td></tr> <tr> <td>General Eye Wellness \$20 20500001865287 1</td><td></td><td>20.00</td><td>20.00</td></tr> <tr> <td>Assignment Vision Care 10000774129013</td><td></td><td></td><td></td></tr> <tr> <td>Visa 2616 Auth #: Transaction Type: Sale Entry Method: Keyed Auth Time: 12:50 PM</td><td></td><td></td><td>80.60</td></tr> </tbody> </table>	Item	Qty	Price	Amount	Order For: TESTMASTER				Sales Order: 10000774129013				92015 Refraction 20500001689838 1		49.00	0.00	4321-Insurance Discount Sales Order 10000774129013 [Doctor Service Addon]			(49.00)	92014 Est Comprehensive 20500001863382 1		137.00	75.00	4321-Insurance Discount Sales Order 10000774129013 [Doctor Service] ADD-ON ONLY PACKAGE ARTICLE			(62.00)	92310 CI Evaluation Std 20500001866352 1		49.00	49.00	4321-Insurance Discount Sales Order 10000774129013 [Contact Evaluation]			0.00	General Eye Wellness \$20 20500001865287 1		20.00	20.00	Assignment Vision Care 10000774129013				Visa 2616 Auth #: Transaction Type: Sale Entry Method: Keyed Auth Time: 12:50 PM			80.60	<p>Usual & Customary Fees</p> <ul style="list-style-type: none"> cost of services/materials 	<p>Amount Due (adds up to Subtotal)</p> <ul style="list-style-type: none"> Will be both patient and/or insurance amounts In this example: <ul style="list-style-type: none"> Patient pays \$80.60: <ul style="list-style-type: none"> \$20 wellness products \$49 CI Fitting \$10 copay \$1.60 Tax Insurance pays \$65
Item	Qty	Price	Amount																																															
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Sales Order: 10000774129013																																																		
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		<p>When these amounts match, patient is paying (no insurance)</p> <ul style="list-style-type: none"> This is a combine amount from the insurance (plan pays) and the patient (any out of pocket costs) The \$145.60 is the total amount the site will be credited towards their sales targets. 																																																
		<p>$65+80.60= \\$145.60$</p> <ul style="list-style-type: none"> This is the amount we expect to be reimbursed by the insurance carrier (plan pays amount) This is the amount collected from the patient (out of pocket cost, copays for exam/materials) 																																																

To reprint a receipt, you can:

- If it's the last transaction tendered, click F3 -Reprint Receipt
- Use Toolkit App and reprint (save as PDF and email if needed)
- Look up patient in the Ciao! Optical Back Office, Electronic Journal and reprint (Click [HERE](#))
- Once you've completed the transaction, you can not email directly from Ciao! Optical

Claim Filing

Medical Insurance



You will be assigned a Medical Biller. They will schedule a post-integration meeting to review the billing process and preferred communication methods.

Claim Submission

- Your biller will pick up pending invoices in RevolutionEHR, scrub each claim, and submit it to the insurance carrier.
- Most claims are filed directly through **Trizetto Clearinghouse** in the EHR.
- Some carriers may require **paper CMS1500 forms**. In those cases, either your biller or the site will generate the form in RevolutionEHR and submit manually.



Payment Posting

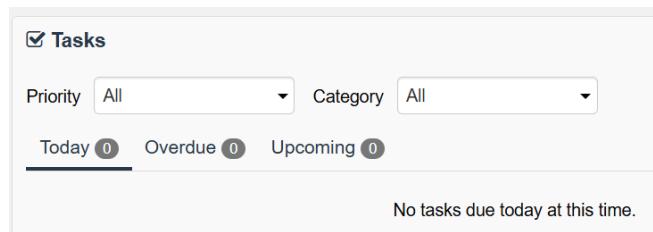
- When payment and the EOB are received, your biller will post the payment in the EHR, clearing the insurance balance.
- The biller will review the EOB for patient responsibility (copay, coinsurance, or deductible) that was not collected at the time of service and transfer those balances to the patient for statement processing. *Note: Patients only receive statements for authorized invoices.*

Denials

Your biller will review and resubmit any denied claims.

RevolutionEHR Tasks

- Your biller will use the **Tasks** feature to communicate billing needs, corrections, or deadlines.
- The manager can solve or reassign to a team member in the practice.
- Check tasks daily. Once task completed, you must click the complete button on the task which will notify your biller of the completion, notes, and any updates related to the task.
- **You must respond to your biller within 48 hours via email OR task completion.**
- If not resolved with 48 hours, the balance will be assigned to be patients' responsibility, and they will receive a statement to pay.



Tax IDs:

- Post integration, you will be notified if you have a change in Tax ID. This Tax ID will be listed on all insurance portals and claims.
- This could also mean you will have new insurance account numbers.
- Reach out to your insurance biller if you have any questions related to your Tax ID.

Session 4

Patient Collections, Site Audits, Common Billing Errors



Consultative selling (needs-based selling) focuses on understanding and addressing the specific needs of the patient. It involves identifying the patient's goals, challenges, and pain points, and then positioning our products as the solution that best meets those needs.

LEARN about the patient by reviewing history and insurance, even before they arrive. When in clinic, facilitate a conversion around lifestyle, pain points, and needs. Ensure this information is travels with the patient.

LISTEN actively during patient hand-off and ensure to ask additional questions to understand the patients needs. This will guide your sales approach and what products and services to recommend today.

LEAD with a single recommendation for each product to meet lifestyle or prescription needs. Assume the sale and create value. Showcase our preferred products and share the benefits with the patient.

vision
by kate, together

	Prepare	Learn	Listen	Lead	Review	After
STANDARDS	Fill the Books Insurance Welcome	Get To Know Your Patient Consultation	Hand Off Consider Solutions (Product + Service + Referrals)	Assume The Sales Recommend Products	Accurate Entry OneSight Thank You	Order Management Pick Up Optical Expert
TOOLS + RESOURCES	Data Capture Fill The Books	Patient Questionnaire Intake Form	OD Hand Off Observation	LensSimulator SmartShopper Lens Portfolio Guide Contact Price Card Promotions	EyeRuler2 Patient Referral	Take Action Tab Eyewear Analysis
KPI IMPACT	Exam Growth Fill Rate No Show Rate	Sales Comp Sales	Retail Capture OD Productivity Average \$ Patient	Multiples Sun Avg \$ Spec Unit/Lens Avg \$ CL, Annual Supply	EPP EyeRuler Grateful Patient Google Review	Google Review RTFT Reject Dwell

PREPARE INSURANCE

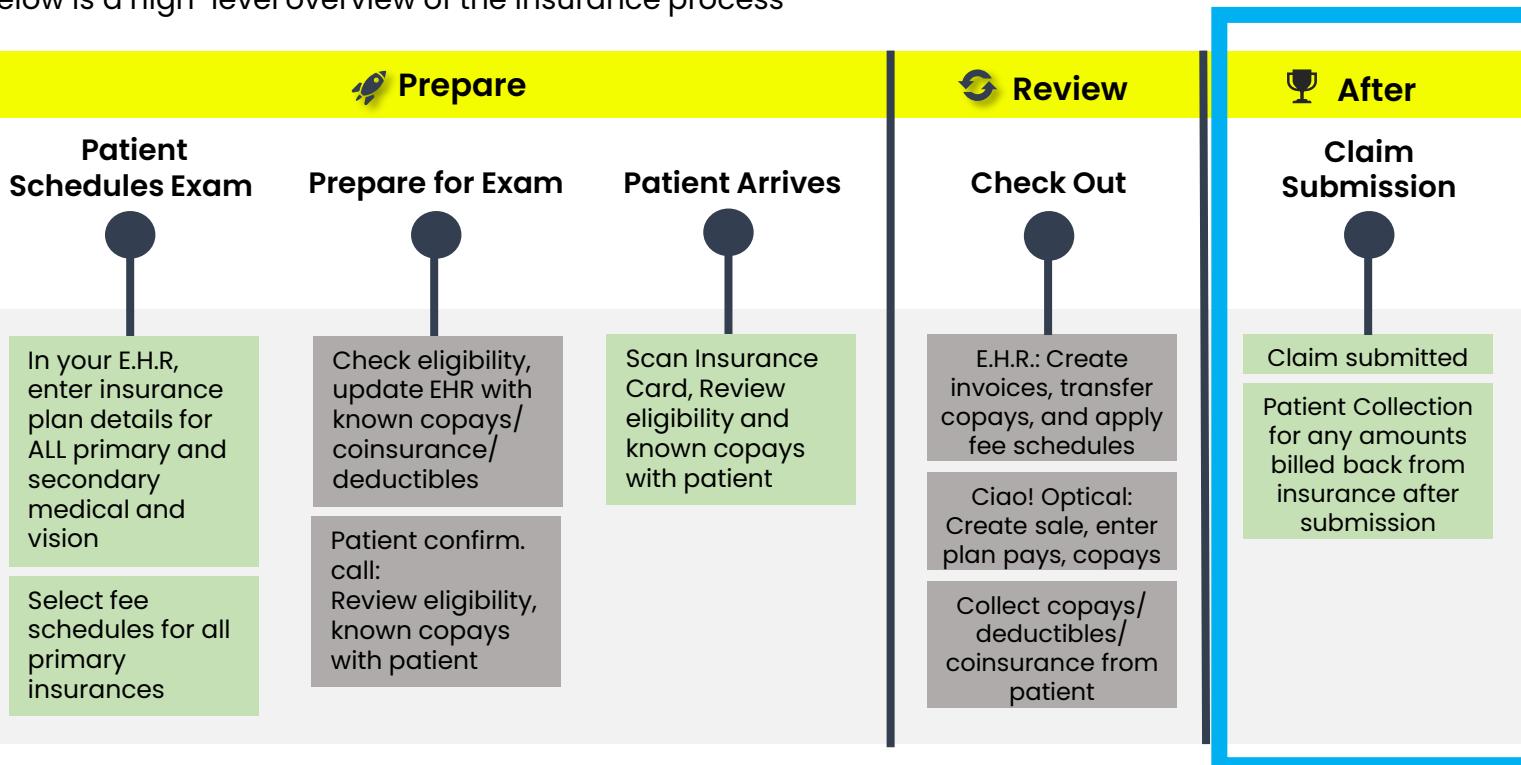
	Actions	What Does It Sound Like
Capture Medical + Vision	PCC: (can also be done at time of appointment scheduling) <ul style="list-style-type: none"> Capture all insurances (Routine + Medical Primary, Medical Secondary) for all patients regardless of exam type. Document in EHR. At check-in, scan all insurance cards (front and back). 	Team Member: I know you're coming in for a medical exam, but I'd like to update/confirm our records. Do you still have VSP as well as Blue Cross for medical? I don't see a routine insurance carrier on file. Do you have routine coverage along with medical?....Please make sure to bring all insurance cards with you.
Eligibility/ Pre-Auth	PCC: <ul style="list-style-type: none"> Use Trizetto or carrier's website to confirm eligibility, copays, and/or deductibles within 24-48 hours prior to patient arrival. Document in E.H.R or via office protocols (make sure it's clearly documented and easily found by all team members). 	Team Member: Great- now that we have your insurance details, we will check authorization ahead of time and collect copays/deductibles at the time of your visit. Of course, if you add or change services, we will update you on what you can expect to pay.
Co-Pay + Deductible	PCC: (at check in) <ul style="list-style-type: none"> Educate patient on copays (or potential copays). Inform patient that you will be collecting copays at some point during the visit. Confirm eligibility and copays are clearly visible for the team (listed on routing sheet, printed and on clipboard, etc.). 	Team Member: Mrs. Smith, it looks like you have an overall \$10 copay for the routine exam. If you choose to add a contact lens exam or imaging, there will be additional fees that the technicians will review with you as needed.

Insurance Process Overview



RETURN TO TABLE
OF CONTENTS

Below is a high-level overview of the insurance process



- Eligibility must be verified PRIOR to the patient's appointment.
 - Check Trizetto and/or Insurance carriers' website ahead of time to know the patient copay/deductible/coinsurance.
- All copays/coinsurance/deductibles must be collected at the time of service.**
 - We do not do back bill (i.e., you can not bill the insurance carrier to see what is covered and then send the patient an invoice.)**
- ALL services must be recorded in BOTH the E.H.R. AND Ciao! Optical (point-of-sale).
- ROUTINE: Balances are zeroed out in the EHR.
- Claim submission will vary depending on office and insurance. Refer to your insurance guide or consult your billing team for claim billing responsibility.
- Improper billing may result in unnecessary write-offs and a greater chance of aging patient balances.**
- MEDICAL: Balances are left in the EHR. Claims are billed and reconciled out of the EHR. Materials being billed directly to medical carriers should also be entered into the EHR.
- SECONDARY: Medical billers will manage secondary claim filing once primary insurance has been billed.
- Any overpayments will be refunded.**

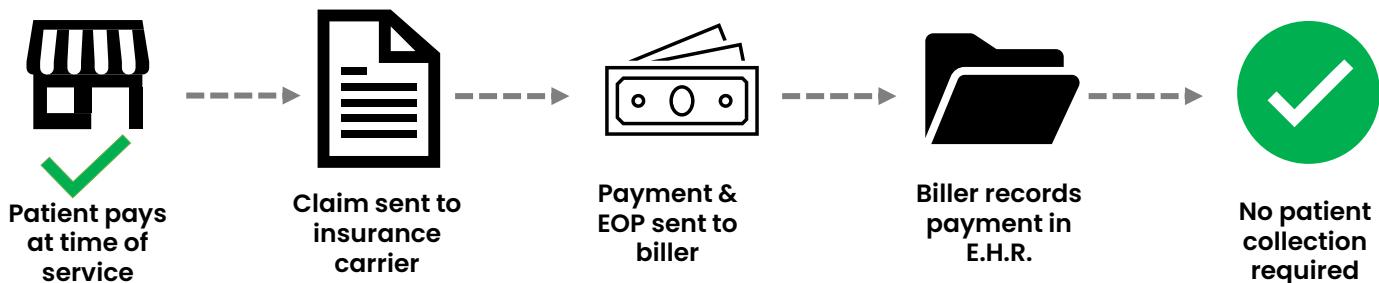
[Click HERE](#) to be redirected to the Patient Journey to watch RevolutionEHR How-To-Videos.

PATIENT COLLECTIONS

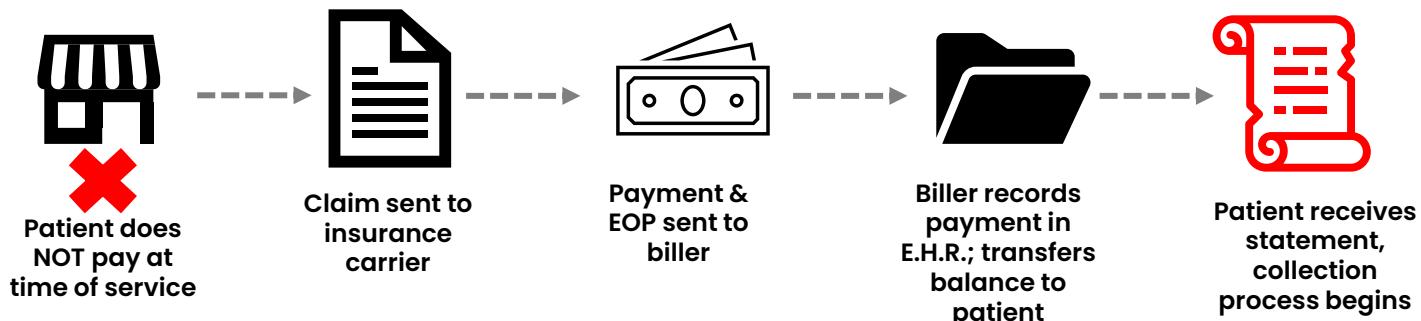


Patient Payment Process

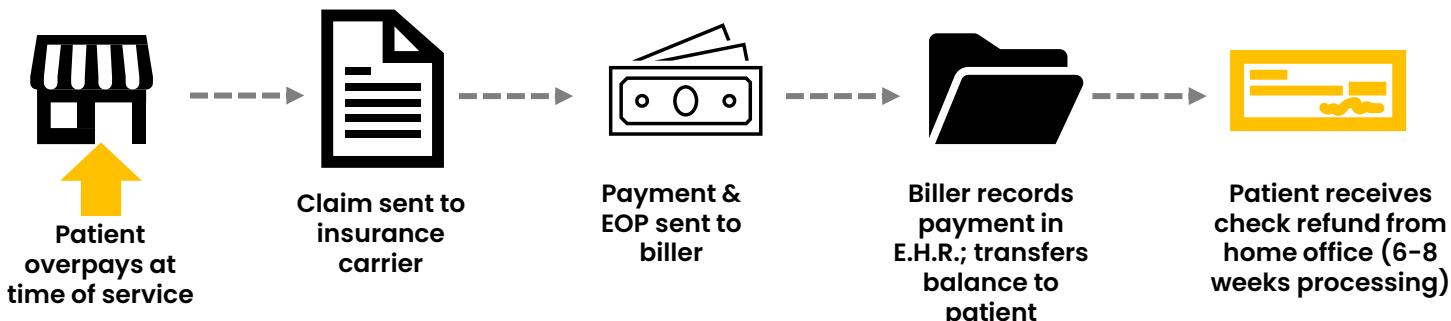
Known patient responsibilities (such as copays, coinsurance, and deductibles) **must be collected at the time of service**. If the patient **pays the correct amount** at the time of service, no further action is needed by the site. We cannot accept partial payments at time of service. If a patient needs assistance, encourage them to apply for CareCredit or reschedule for a later date.



If the patient **does not pay or pays too little** at the time of service, the patient will receive a statement for the balance owed after the biller receives the insurance payment/EOP. This will negatively affect patient aging and require more effort from the location to collect the statement balance.



If the patient **pays too much** at time of service, the patient will receive a refund via home office check once the biller receives the insurance payment/EOP. You **DO NOT** need to refund the patient from the location.



PATIENT COLLECTIONS

Statements



RETURN TO TABLE
OF CONTENTS

If the patient **does not pay or pays too little** at the time of service, the patient will receive a statement for the balance owed. Statements are sent the 1st business day of each month by the Medical Billing team.

Top address is the location of the site they visited.

Silver Lake Eye Clinic
10217 19th Avenue SE #102
Everett, WA 98208

For all billing questions, call: (360) 459-2108
Patient Name: Alexandria Logue
Due Date: Upon Receipt

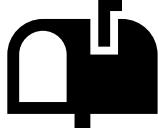
ALEXANDRIA LOGUE
7741 13TH AVE NE
OLYMPIA WA 98516-5752
XXXXXXXXXXXXXX

Payment Coupon

IF PAYING BY VISA, MASTERCARD, DISCOVER OR AMERICAN EXPRESS, FILL OUT BELOW			
<input type="checkbox"/> VISA		<input type="checkbox"/> MASTERCARD	
<input type="checkbox"/> DISCOVER		<input type="checkbox"/> AMER. EXP.	
CARD NUMBER		EXP. DATE	AMOUNT
SIGNATURE		MUST INCLUDE 3-DIGIT SECURITY CODE FROM BACK OF CARD	
STATEMENT DATE	PAY THIS AMOUNT		ACCOUNT NO.
07/25/2025	\$263.00		129602376
CHARGES AND CREDITS MADE AFTER STATEMENT DATE WILL APPEAR ON NEXT STATEMENT.			SHOW AMOUNT PAID HERE \$
MAKE CHECKS PAYABLE / REMIT TO:			
OLYMPIA VISION CLINIC & CONTACT LENS CENTER 1625 Cooper Point Road SW Olympia, WA 98502 XXXXXXXXXXXXXX			

"Remit to" is the Legal Entity for check payments

There are four ways a patient can pay a statement balance:



MAIL the top portion of their statement (Payment Coupon) with a check or credit card information.



ONLINE using debit or credit card through the "Pay Now" button on each location's website. **This is the most preferred payment method.**



PHONE directly with the location they visiting using debit/credit.



IN PERSON using debit or credit cards or check. Least Preferred

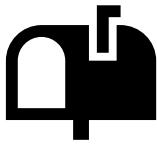
NOTE: Patient statement payments are NEVER entered into Ciao! Optical. All payments are managed through the E.H.R.

PATIENT COLLECTIONS

Payment Methods



RETURN TO TABLE
OF CONTENTS



MAIL the top portion of their statement (Payment Coupon) with a check or credit card information.

Patient mails in the Payment Coupon from the top of their statement with a check or debit/credit card information. The remittance mailing address is the PRIMARY location for the legal entity.

- **Checks:** Medical biller deposits into NCNO insurance account and applies payment in E.H.R.
- **Cards:** Medical biller processes through Transaction Express and applies payment in the E.H.R.



ONLINE using debit or credit card through the “Pay Now” button on each location’s website. **This is the most preferred payment method.**

A “Pay Now” button will be added to each location’s website for patients to pay directly online

- The LEGAL ENTITY NAME will be displayed when the patient clicks the “Pay Now” button.
- Medical biller reconciles payments and applies them to the patient’s account in the E.H.R.
- No action is needed by the site.

Submit Payment Online

Conveniently pay your bill online. Click the button below to securely submit your payment.

Pay Now

OLYMPIA VISION CLINIC AND CONTACT LENS CENTER, PLLC

1625 Cooper Point Rd SW
Olympia, WA 98502

Total Amount Due \$20.00

* Required fields

Card Number *

Expiration Date * Security Code *

Name on Card *

Customer Reference ID *

Billing Address

First Name Last Name

Email Address

Phone Number

Street Address *

Country

State/Province/Territory

PATIENT COLLECTIONS

Payment Methods



RETURN TO TABLE
OF CONTENTS



PHONE directly with the location they visiting using debit/credit.

Patient calls the location directly to make a statement payment over the phone using a debit or credit card.

- **DO NOT process patient statement payments through your in-office credit card device.**
- Site processes card through Transaction Express (Online Portal tied to insurance bank accounts)
- Site applies payment in the E.H.R. and emails Medical Biller the patient's name and payment amount for reconciliation purposes.



IN PERSON using debit or credit cards or check. **Least Preferred Payment Method**

Patient pays in person at the site:

- **Cards:** **DO NOT process patient statement payments through your in-office credit card device.**
 - Site processes card through Transaction Express (Online Portal tied to insurance bank accounts)
 - Site applies payment in the E.H.R. and emails Medical Biller the patient's name and payment amount for reconciliation purposes.
- **Checks:** **DO NOT deposit with your regular nightly deposit.** Checks must be deposited into the NCNO Insurance Bank account. Each site manages these payments differently depending on bank location and setup. **Confirm the process for your location with your Medical Biller.**
 - Some locations have deposit books and can deposit directly into the NCNO Insurance account.
 - Some locations must mail all checks to the primary location each week for their Medical Biller to process accordingly.
 - Some locations have mobile deposit capability and can take photos to deposit directly into the NCNO account remotely.
- **Cash:** **Cash is not accepted on site.** Best practice is to guide them to the portal. If they are only able to pay with cash, consult with your Field Leader and Medical Biller for how to handle payment and cash deposit. **DO NOT deposit with your regular nightly deposit.**

PATIENT COLLECTIONS

Transaction Express



RETURN TO TABLE
OF CONTENTS

When a patient is using a debit/credit card to pay a statement balance, process via the Ciao! Toolkit or direct link here: [Transaction Express](#). **REMINDER:** If you process a payment through Transaction Express, you must also apply payment to the patient balance in the E.H.R.

Partner with your Medical Billing team to ensure the correct team members have access to the portal. Medical Billers will manage access for all new hires and terminations. New locations will complete this setup as part of Conversion Week activities.

- 1 When logging in for the first time, it will ask you to set up 2-Step Authentication. This will be your own cell phone number (You will receive a code to your cell phone every time you log in)



- 2 Once logged in, click on **Sale**



- 3 Complete required drop-down bars then press **Sale** and the transaction will process

- **Payment Type** -Credit Card
- **E Transaction Type Indictor** – MOTO (Mail Order Telephone Order).
- **Account Number** (credit card number) & **Expiration Date**
- **Amount, Name, Address and Zip Code.**

- 4 After the transaction is complete, you will receive **Approval** confirmation. If card **Declined**, Auth Response Message will be Declined or Insufficient Funds.

To print the receipt, click **Print Receipt**



PATIENT COLLECTIONS

Receiving Payment in RevEHR



RETURN TO TABLE
OF CONTENTS

1

Open the patient's "Account" section from their profile and find the active invoice that matches the patient statement. Click the hyperlinked invoice # to open the invoice.

Account

Patient Balance: \$71.00 Insurance Balance: \$0.00 Collections Balance: \$0.00

Receive Payment **Adhoc Credit**

Invoices Payment History Refund History Credit History Statement History Saved Cards

Invoice # Payer Type: All Payer Types Status: Active Service Date: mm/dd/yyyy to mm/dd/yyyy Payer Name: Location: All Locations

Q Search **Clear**

Actions		Payer	Invoice Date	Service Date	Statement Date	Amount	Balance	Print
<input type="checkbox"/>	Approval	Test, Avocado	11/07/2025	11/07/2025		\$71.00	\$71.00	
<input type="checkbox"/>	Authorized	Test, Avocado	11/07/2025	11/07/2025		\$71.00	\$71.00	

2

Receive payment and enter the amount the patient paid, then apply payments.

Invoice Details

Patient Invoice #302705862 ACTIVE Test, Avocado Silver Lake Eye Clinic Amrit Jawanda, OD 11/07/2025 (0 days)

Pending **Authorized** **Receive Payment** Diagnoses Transfer Items

Bill To
Test, Avocado
111 Rainbow Road
Edmonds, WA 98020

Service Date: 11/07/2025 Finance Charge: None
Plan

Details Payment History Statement History Documents & Images Notes

Post Date	Code	Modifiers	Diagnoses	Description	Qty	Unit Price	Discounts	Tax	Ext. Price	Adjustments	Paid	Balance
11/07/2025	92015			REFRACTION	1	\$71.00	\$0.00	\$0.00	\$71.00	\$0.00	\$0.00	\$71.00

Show All

Receive Payment(s)

New Patient Payment Test, Avocado

#	Invoice Date	Service Date	Patient Name	Total
302705862	11/07/2025	11/07/2025	Test, Avocado	\$71.00

Payment Amount: \$ 71.00 Apply in Full Payment Method: Credit Card Visa

Reference/Check # Payment Date: 11/07/2025 Location: Silver Lake Eye Clinic

Apply Payments & Print Receipts **Apply Payments**

3

If you processed a patient payment via Transaction Express, email your Medical Biller the patient's name and payment details for reconciliation.



Position	Tasks
PCC	<ul style="list-style-type: none"> Verify patient co-pays and deductibles BEFORE the appointment Enter complete and accurate insurance information in the EHR and scan ins. cards Collect correct copays, deductibles, and coinsurance at time of service -NO EXCEPTIONS Do NOT bill 100% to insurance to avoid collecting patient responsibility. Make weekly phone calls to patients with past due balances (one a week – weeks 3 to 8) Record all collection attempts and conversations in the EHR
PM	<ul style="list-style-type: none"> Verify PCCs are collecting the correct amounts at time of service Verify there are no "open" or "pending" invoices in the EHR each day Ensure PCCs are making collection calls in weeks 3 to 8 Make final collection calls in weeks 9 to 12 Record all collection attempts and conversations in the EHR Submit monthly list of balances to be written off by the 10th bus. day of each month Minimum of 4 statements & 6 weekly phone calls documented Patients should be notified when scheduling next appointment there is a balance due, and it must be paid before next appointment.
MM	<ul style="list-style-type: none"> Review monthly list for collections from each PM for compliance Submit approved write-offs to respective biller by 15th bus. day of each month
Biller	<ul style="list-style-type: none"> Process patient statements on 1st business day of each month. Communicate with the PM once statements have been sent. Post all insurance EOBs in EHR within 5 business days of receipt Transfer appropriate balances to patient and adjust any partial balances <= \$25.00 to over/short (partial pay only) Post all patient payments received via online payment in EHR within 5 business days of receipt Write off balances as approved by MM by 20th bus. day of each month Balances >= \$100.00 should go to a collection agency Flag chart once sent to collections or balance written off so it can be collected when the patient returns.

Tips & Tricks:

- Proactively communicate to patients that co-pays and deductibles are due at time of service
- Notify patients through appointment center, electronic reminders & counter signage
- Enforce collection of any past due balances while patient is in office
- The total patient A/R is not to exceed 3% of the total monthly revenue**
- Work with your biller and Field Leader if you need help working the **aging report**



Scripts	Sample Script
Courtesy Call Week 3	"Hi, my name is <First Name Only>, and I am calling from ____ to inform you that we received notification from your insurance that you are responsible for \$__ from your visit on _____. We mailed you a statement on the 1 st of the month and I wanted to follow up to see if you have any questions"
Collection Call Weeks 4-8	"Hi, my name is <First Name Only>, and I am calling from ____ to review the balance due from your visit on _____. Do you have any questions regarding this balance, and could we go ahead and take care of this today?"
Collection Call Weeks 9-12	"Hi, my name is <First Name Only>, and I am the Practice Manager calling from ____ to review the balance due from your visit on _____. If payment is not received by the end of the month, your account will be turned over to collections."

PATIENT COLLECTIONS

Insurance Refunds



RETURN TO TABLE
OF CONTENTS

If the patient pays too much at time of service, the patient will receive a refund via home office check once the biller receives the insurance payment/EOP. You DO NOT need to refund the patient from the location.

Visibility of tasks, processes, timing and responsibilities for refunds. Checks will reference the site as the Payor but may also reference Luxottica. Note this process can take up to 8 weeks!

Medical Biller

- Email refund requests to Mason Office
- Add requests to refund tracker (spreadsheet)
- Follow up on payments on behalf of the practice



Mason Refund Team

- Monitor refund requests from Billers
- Submit weekly requests to Accounts Payable Team
- Add submission ticket number to refund tracker
- Add check #, amount and mail date to refund cash tracker
- Follow up on status requests from Medical Billers
- Confirm checks are printed and mailed by the Accounts Payable Team



Practice Manager

- Monitor refund progress (Assignment Refund Tracker)
 - *Tracker available 24/7*
- Monitor refund submission ticket number
 - *If not available after 7 days, reach out to Medical Biller for status*
- Inform patients of 30-day window for refund to be mailed



Refund timing overview

- Wednesday – Mason COE submits refund request to AP team
- Accounts Payable timing:
 - Friday – processes refunds
 - Monday – obtain approval
 - Wednesday – print refund checks
 - Thursday – mail refunds and letter

AUDITS

Site Level Audits



UNASSIGNED ITEMS REPORT

RevolutionEHR



RETURN TO TABLE
OF CONTENTS

Run your **Unassigned Items Report daily** and act if needed.

- If patients are listed on the report, it means the OD has coded the exam, but you have NOT bulk assigned and created invoices.
- Complete all invoices and assign to patient or insurance carrier (in some cases both).
- Confirm services transferred and paid in Ciao! Optical. If not- contact patient for payment.

The screenshot shows the RevolutionEHR software interface. The top navigation bar includes icons for Patients, Schedule, Accounting, Orders, Inventory, Tasks, Messages, Reports (with a yellow circle 'A' over it), and Admin. The left sidebar has a tree view of reports under 'Reports', with 'Unassigned Items' highlighted with a yellow circle 'B'. Other sections in the sidebar include Patients, Schedule, Accounting, Sales, Receipts, Refunds, Aging Report, Deposits, Deposit Slip, Ledger Posting Report, Invoice Search, Invoice Item Search, Custom Reports, Optical Orders, Tasks, Inventory, and Administration. The central content area is titled 'Unassigned Items' and contains search filters for Location (All Locations), Provider (All Providers), and Encounter Date (mm/dd/yyyy to mm/dd/yyyy). It also includes a 'Search' button and a 'Clear' button. Below the filters is a table with columns: ID, Date, Patient, Location, Provider, Code, Description, and Price. A message 'No records to display' is shown. At the bottom of the content area are navigation buttons (first, previous, next, last), a '10' dropdown for items per page, and a message '0 of 0 pages (0 item)'.

INSURANCE AUDIT

Game Plan



RETURN TO TABLE
OF CONTENTS

Team Goals, Objectives, Focuses:

Actions & Timelines:

Prepping For Patient Arrival:

RevolutionEHR & Check In:

Check Out:

Ciao! Optical:

INSURANCE AUDIT

Routine Insurance



RETURN TO TABLE
OF CONTENTS

SELF REVIEW | VSP

Questions	Yes	No (Notes)
Eyefinity:		
Are separate authorizations for exams and materials being pulled?		
Are all patient benefits being printed & Auto-calc plan ID's being documented?		
Ciao! Optical:		
Can all needed team members locate and demonstrate understanding of the Site Insurance guide in the Toolkit?		
Can all team members effectively utilize the google document & Auto-Calculations Guide?		
Can all needed team members correctly enter Patient and Insurance details into Ciao! Optical (Authorizations, Member ID, Address, etc.)?		
Can all needed team members effectively utilize Auto-Calculation Plans for Exams? • Routine Eye Exam • CL Fittings		
Can all needed team members effectively utilize Auto-Calculation Plans for Contacts? • Soft Contact Lenses • Specialty Contact Lenses		
Can all needed team members correctly navigate the VSP Enhancement Charts and Patient Benefit Summary to identify the correct patient copays to enter into Ciao!?		
Can all needed team members effectively enter Bill Actual Plans for Contacts?		
Can all needed team members effectively demonstrate how to enter Bill Actual plans for Eyeglasses using these examples ?		
Can all needed team members effectively utilize Bill Actual Plans for Exams?		
Billing:		
Do all team members understand the billing process after Tender?		



SELF REVIEW | Other Routine Carriers

Questions	Yes	No (Notes)
Carrier Websites:		
Are all needed team members able to navigate the websites?		
Are copays/deductibles being determined and documented ahead of the appointment?		
RevolutionEHR:		
Are all insurances being entered and fee schedules selected prior to patient arrival?		
Check In:		
Are insurance cards scanned and documented?		
Are expected fees communicated/reviewed with the patient?		
Are all patient HIPAA, financial forms, and any practice required documents signed, acknowledged, and scanned into RevolutionEHR?		
Check Out:		
Are all copays and patient fees being collected at the time of service?		
Are RevolutionEHR invoices correctly processed?		
Ciao! Optical:		
Are team members able to search for the correct plan in Ciao! Optical?		
Are all services being entered into Ciao! Optical? • All invoices with Insurance applied (regardless of the patient copay) • All patient responsibility		
Review three transactions in Rev & Ciao! Were they entered correctly?		

INSURANCE AUDIT

Medical Insurance



RETURN TO TABLE
OF CONTENTS

SELF REVIEW | Medical Carriers

Questions	Yes	No (Notes)
Trizetto/Availability/Insurance Portals:		
Are all needed team members able to navigate the website?		
Are medical copays/deductibles being determined and documented ahead of the appointment?		
RevolutionEHR:		
Are all insurances being entered and fee schedules selected prior to patient arrival?		
Check In:		
Are insurance cards scanned and documented?		
Are expected fees communicated/reviewed with the patient?		
Are all patient HIPAA, financial forms, and any practice required documents signed, acknowledged, and scanned into RevolutionEHR?		
Check Out:		
Are all medical copays, deductibles, and patient fees being collected at the time of service?		
Are RevolutionEHR Invoices correctly processed?		
Ciao! Optical:		
Are team members selecting the medical plan via the Medical Pulldown in Ciao!?		
Are ALL medical services being entered into Ciao! Optical? • All invoices with Insurance applied (regardless of the patient copay) • All patient responsibility		
Review three transactions in Rev & Ciao! Were they entered correctly?		

COMMON BILLING ERRORS

RevolutionEHR

BILLING ERROR

Example 1

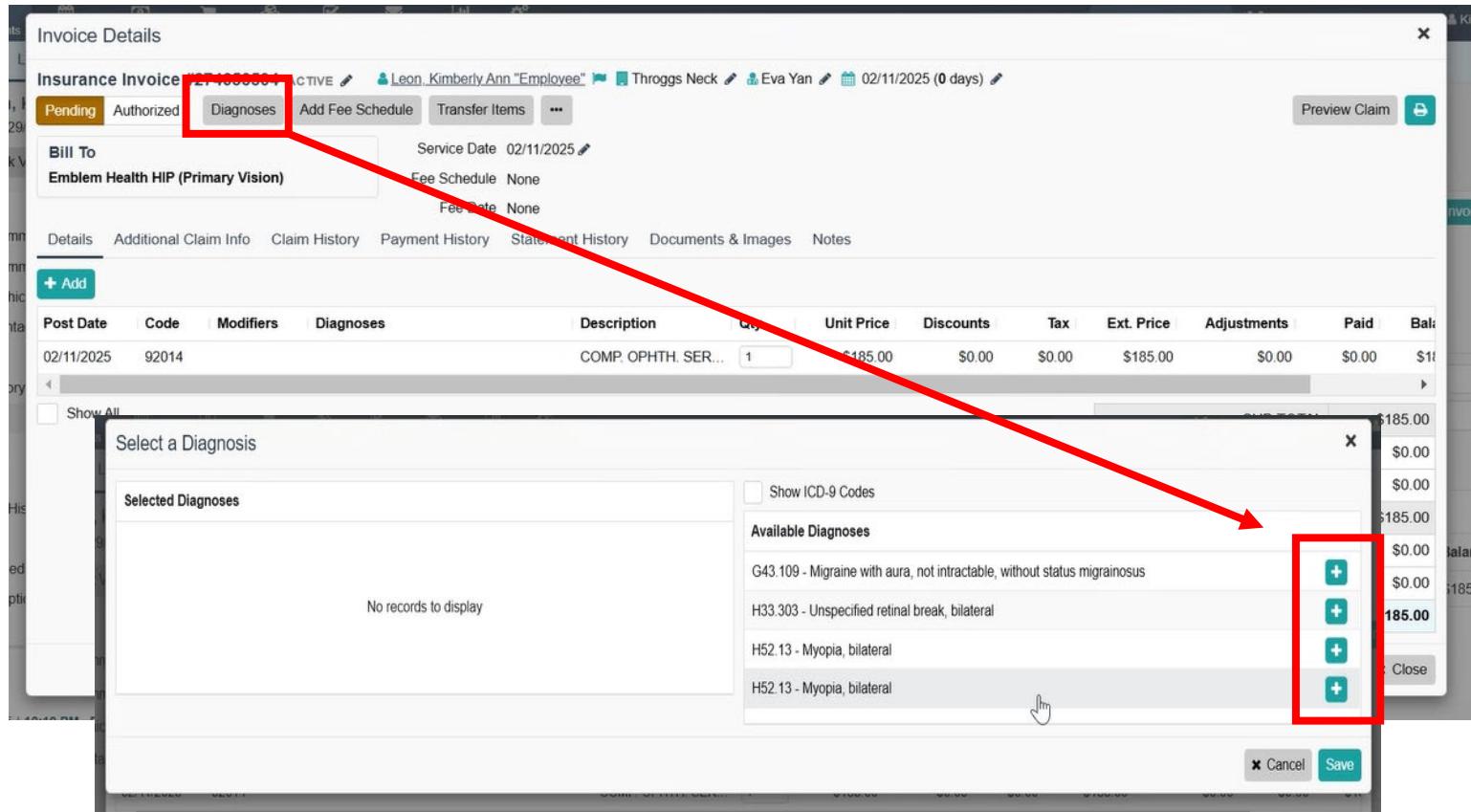


RETURN TO TABLE
OF CONTENTS

Mistake: Missing diagnosis code

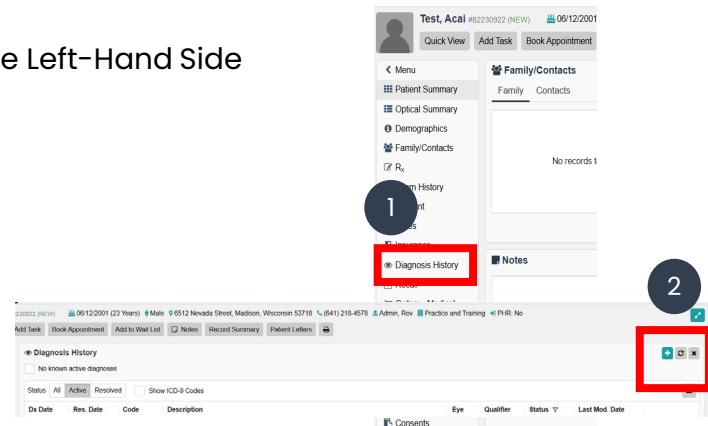
All medical invoices must include a diagnosis. In some cases, based on data from the exam encounter, various Diagnosis will be available for you to manually enter.

- Click diagnosis to add from listing
- Select from the list



For outside Rx's you will have to manually add the Diagnosis and will not be pre-populated.

- After Searching & Selecting Desired Patient:
 - Select 'Diagnosis History' In Column List On The Left-Hand Side
 - Click The '+' Sign within the Diagnosis Box
 - Type In Diagnosis Code & Select
 - Dx Date: 2 Options
 - Date On Outside Rx
 - Date Pt Came Into The Office For Services
- Click 'Save'



Billing Error Example 2



RETURN TO TABLE OF CONTENTS

Mistake: Missing fee schedule

Invoice Details

Insurance Invoice #274653504 ACTIVE Leon, Kimberly Ann "Employee" Throgs Neck Eva Yan 02/11/2025 (0 days)

Pending Authorized Diagnoses Add Fee Schedule Transfer Items ...

Bill To: Emblem Health HIP (Primary Vision)

Service Date: 02/11/2025

Fee Schedule: None

Fee Date: None

Details Additional Claim Info Claim History Payment History Statement History Documents & Images Notes

+ Add

Post Date	Code	Modifiers	Diagnoses	Description	Qty	Unit Price	Discounts	Tax	Ext. Price	Adjustments	Paid	Bal
02/11/2025	92014			COMP. OPHTH. SER...	1	\$185.00	\$0.00	\$0.00	\$185.00	\$0.00	\$0.00	\$185.00

Show All

Sub Total: \$185.00
Discounts: \$0.00
Tax: \$0.00
Total: \$185.00
Adjustments: \$0.00
Payments Received: \$0.00
Balance Due: \$185.00

Close

Select a Diagnosis

Selected Diagnoses

No records to display

Show ICD-9 Codes

Available Diagnoses

- G43.109 - Migraine with aura, not intractable, without status migrainosus
- H33.303 - Unspecified retinal break, bilateral
- H52.13 - Myopia, bilateral
- H52.13 - Myopia, bilateral

Cancel **Save**

BILLING ERROR



RETURN TO TABLE OF CONTENTS

Example 3

Void an Invoice: This may be used if you need to correct an invoice for various reasons.

- Click the Pencil
- Select Void off the pulldown bar
- Click the Check Mark to Save

Invoice Details

Insurance Invoice #274653504 ACTIVE Leon, Kimberly Ann "Employee" Throggs Neck Eva Yan 02/11/2025 (0 days)

Pending Authorized Diagnoses Add Fee Schedule Transfer Items ...

Bill To
Emblem Health HIP (Primary Vision)

Service Date 02/11/2025
Fee Schedule None
Fee Date None

Details Additional Claim Info Claim History Payment History Statement History Documents & Images Notes

+ Add

Post Date	Code	Modifiers	Diagnoses	Description	Qty	Unit Price	Discounts	Tax	Ext. Price	Adjustments	Paid	Bal.
02/11/2025												

02/11/2025 Invoice Details

Insurance Invoice #276239816 Void Test, Aladdin* Practice and Training Rev Admin 02/26/2025 (0 days)

Pending Authorized Diagnoses Add Fee Schedule Transfer Items ...

Bill To
Cigna (Primary Medical)
P.O. Box 182223
Chattanooga, TN 37422

Service Date 02/26/2025
Fee Schedule None
Fee Date None

Details Additional Claim Info Claim History Payment History Statement History Documents & Images Notes

+ Add

Post Date	Code	Modifiers	Diagnoses	Description	Qty	Unit Price	Discounts	Tax	Ext. Price	Adjustments	Paid	Bal.
02/26/2025	92025-LT			CORNEAL TOPOGR...	1	\$25.00	\$0.00	\$0.00	\$25.00	\$0.00	\$0.00	\$0.00
02/26/2025	92025-RT			CORNEAL TOPOGR...	1	\$25.00	\$0.00	\$0.00	\$25.00	\$0.00	\$0.00	\$0.00

Void a Payment: In some instances, to void an invoice you must void the payment.

- Click Payment History
- Select the No-Delete logo

Invoice Details

Patient Invoice #276284061 PAID   Test, Aladdin*  Practice and Training  Rev Admin  02/26/2025 (0 days)

Pending Authorized Diagnoses ... 

Bill To

Test, Aladdin
7541 Carpet Drive
Madison, WI 53718

Service Date 02/26/2025

Finance Charge None
Plan

Detail
Payment History
Statement History
Documents & Images
Notes

ID	Group	Date	Payer	Method	Reference #	Card Type	Status	Comments	Amount
368876038	160794962	02/26/2025	Test, Aladdin	Credit Card			Applied		\$0.00 
									\$0.00

Medical Insurance

- [I have general questions about insurance.](#)
- [I'd like to learn more about insurance terminology.](#)
- [When is there a balance left in the E.H.R- routine or vision insurance?](#)
- [Is there an overview of medical insurance billing?](#)
- [What does the Medical Biller do?](#)
- [How do I know what my patient's copay is?](#)
- [What do I need to know about Medicare?](#)

Trizetto

- [How do I navigate Trizetto?](#)

RevolutionEHR:

- [How do I enter insurance into the patient profile?](#)
- [How do I complete a medical invoice?](#)

ECLiPS:

- [How do I enter insurance into the patient profile?](#)
- [How do I complete a medical invoice?](#)

Routine Vision

- [Billing overview- Do I bill it or will it auto file?](#)
- [Why are my claims being denied?](#)

Auto Calculation Plans

- [How can I find my plan ID's for the auto calculation plans?](#)
- [How do I select the correct plan?](#)
- [VSP: How do I enter the exam/contacts in Ciao! Optical?](#)
- [I have a Spectera plan that is not listed on my google doc, what plan can I use?](#)

Bill Actual Plans

- [How do I enter bill actual plans in Ciao! Optical?](#)
- [How do I know what VSP will reimburse for an exam?](#)
- [How do I bill a contact lens evaluation with VSP?](#)
- [How do I know what the Wholesale Frame Allowance is for VSP Insurance?](#)
- [How much will VSP reimburse for lenses?](#)
- [What do I do if I'm selling Eyezen Lenses in Ciao! Optical?](#)
- [What do I charge for Varilux lenses?](#)
- [How do I enter proprietary frame and lenses?](#)

General

- [What do I do if I'm missing an insurance plan post integration?](#)
- [How do I know if my team is processing things correctly?](#)

SELECTING THE CORRECT AUTO CALCULATION PLAN



Use the Quick Links below to locate **Plan ID's** for the available auto-calculation plans for your practice group.

As a part of prepping for patient arrival, it is a best practice to document the Exam & Material Plan ID's ahead of time to streamline Ciao! Optical entry with the patient present.

[Advanced Family Eyecare \(T035\)](#)

[Basden Eyecare \(AL\)](#)

[Coventry](#)

[Cooper, Metro](#)

[Dalton, Dixon \(GA\)](#)

[DiNapoli, LIVC, Park Professionals Eyecare](#)

[Golden Group \(CA\)](#)

[Highline](#)

[Lake & Williams \(MO\)](#)

[Lake Havasu/Daynes \(AZ\)](#)

[Rainbow](#)

[River Valley Eye Professionals](#)

[Rosin Optical](#)

[Saferstein/Ross](#)

[Tosland/Hall](#)

[True Eye Experts](#)

[TVO North Carolina](#)

[TVO South Carolina](#)

[Vinciguerra](#)

SELECTING THE CORRECT PLAN



RETURN TO TABLE OF CONTENTS

Selecting the correct auto-calculation plan is one of the main ways to avoid denied claims.

In addition to selecting the correct plan, you will want to make sure the details entered into Ciao! Optical are correct.

Notes:

- **VSP Advantage plans-** if your patient has an advantage plan, enter as VSP Choice with the same copay
 - i.e., Patient has VSP Advantage \$10 copay, in Ciao! Optical select the VSP Choice Exam \$10 copay plan
- If you come across a plan with a unique copay, use bill actual or select the same type of plan (i.e. choice or signature) and edit the patient copay
- The claim will submit on the 837 file the way you enter it into Ciao! Optical
 - i.e., if you select a CL allowance of \$150 but your patient actually has a \$173 benefit, you can edit the auto-calculation plan and it will file the way you edited it in Ciao! Optical
- If your patient is receiving the 15% off contact lens evaluation discount, please complete a second transaction in Ciao! (enter as private pay and tender with the exam services and other materials)

The following pages will guide you through how to select the correct plan in Ciao! Optical.

SELECTING THE CORRECT PLAN



RETURN TO TABLE OF CONTENTS

In Ciao! Optical:

For eye exams and eyeglasses, each VSP plan will be listed by the VSP plan type (Choice, Signature, Advantage) and service/product. If your patient will be charged \$60 for the Contact Lens Fitting, then select the appropriate Auto-Calculation Plan.

VSP CHOICE EXAM \$10 \$60 FIT-

If they will be receiving 15% off the contact lens evaluation, then complete as a cash pay transaction and tender together with your routine eye exam.

For contact lenses, you will search via carrier and product, adding allowance amount will reduce the number of plans that will pull up in Ciao!

VSP CONTACTS \$100

You can NOT use Auto-Calculation plans for Medically necessary or CL materials over \$1000.

For eyeglasses, the wholesale frame allowance (WFA) will also be listed:

VSP CHOICE COMP PR WFA100

If you add in the copay following the WFA, then it will limit the number of plans provided in Ciao! and it will make selecting the correct plan easier.

In addition, if polycarbonate is a covered in full item, we must select the plan that indicates poly is covered.

VSP CHOICE COMP PR WFA100 0 CPY COV ROS → Covered

VSP CHOICE COMP PR WFA100 0 CPY NC ROS → Not-Covered

In general, the more information you type into Ciao! the more you will reduce the number of plans that pull up and will help your team select the correct plan.

The product icon selected in Ciao! Optical must match the VSP plan you select, or your claim will be rejected!



Exams



Contact Lens



Complete Pairs



Lens only

Note- not all practice groups will have eyeglass auto-calculations plans available. Your group will be notified during your auto-calculation training.

[Click](#) To View A Video Of How To Search For VSP Auto-calculation Plans

[Click](#) Here To Watch A Video Of The New VSP Process In Action!

SELECTING THE CORRECT PLAN



RETURN TO TABLE OF CONTENTS

Use the chart below to help guide you in which plans to use:

Exams & Contact Lenses

Patient Benefits	Select this plan
Contact lenses over \$1000	Bill Actual
Medically necessary contact lenses	Bill Actual
Combine CL allowance/fit plans	Bill Actual
Copay not found in Ciao!	Auto-Calculation and edit patient copay line
VSP Advantage plan not in Ciao!	Use VSP Choice plan with SAME copay
All Other Plans	Auto Calculation Plans
15% off CL Fitting	Process as Cash Pay

Eyeglasses and/or Lens only

Patient Benefits	Select this plan
Covered in full items other than poly (AR, Progressives, etc.)	Bill Actual or edit line item
Copay is different from the VSP ENH chart	Bill Actual or edit line item
Easy options plan	Bill Actual
Patient allowed to choose an upgrade	Bill Actual or edit line item
Plans not programmed	Bill Actual
ALL OTHER PLANS	AUTO CALCULATION PLANS

Covered in Full Items:

Ciao! Optical will not know that the patient has other covered in full items (AR Coating, Progressives, Transitions, etc.) and does not communicate with VSP when pricing exams and materials on the pricing worksheet in Ciao!

- For other covered in full items, you can use a generic (bill actual) plan OR use an auto-calculation plan and edit the line item that is covered
- See VSP Enhancement Charts for plan pay amounts if editing the claim
- This would be true for all plans that have unique copays (a copay different than the VSP Enhancement chart) or Easy Options plans.

Note- Generic plans can be found in Ciao! Optical by searching "VSP-" under Plan Name dropdown or found on the Auto-Calculations Plan ID listing.

EYEMED

Ciao! Optical Entry and Auto-filing



Most locations will accept EyeMed Insurance. Click [HERE](#) for a high-level overview of EyeMed Claim Filing.

- EyeMed is integrated with Ciao! Optical.
- You can find member and check eligibility directly in Ciao! Optical using Name/DOB OR you can check on the EyeMed website.
- Ciao! Optical will automatically calculate and submit claims; no additional action required.
- If you need to re-enter an order in Ciao (i.e., grey pencil on Staged screen) and the benefits are showing used, call EyeMed to cancel authorization.

In Ciao! Optical:

Search For: EyeMed/MVC Mem ▾

Plan Name:

Plan ID:

Member ID:

Member First Name: Fake

Member Last Name: Patient

Member Date of birth: 1/1/2001

Minimum required:

- First letter of First Name
- First letter of Last Name
 - DOB
 - or Plan ID
 - or at least first 3 digits of Member ID

Insurance screen will default to EyeMed. The patient's name and birthdate will pre-populate. Simply search and select the patient. Any other members on the patient's plan will also display.

TYPE:	Routine Vision Professional Services & Materials	LAB: RxO
PLAN ID:	<i>In Ciao! Optical – varies by member</i>	BILLING: Ciao! Optical
PLAN NAME:	<i>In Ciao! Optical – varies by member</i>	



ITEM	ACTION & NOTES
Exam	Routine exams and contact lens fittings are covered – member's responsibility is based on charges and plan coverage.
Frame	All frames available – member's responsibility is based on charges and plan coverage.
Lenses	All frames available – member's responsibility is based on charges and plan coverage.
Manufacturing	Order is placed with RxO (Rx Operations – Luxottica Lab Network).
Lab Processing Application (LPA)	Order as uncut, product to come, or complete.
Claims	Submit at Ready status – no additional action needed.

VSP AUTO- CALCULATION PLANS

Ciao! Optical Entry



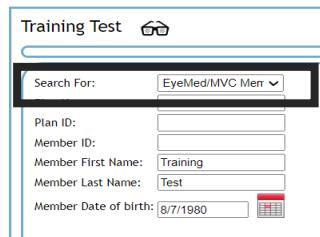
1 Click the Checkmark to indicate you'd like to apply insurance



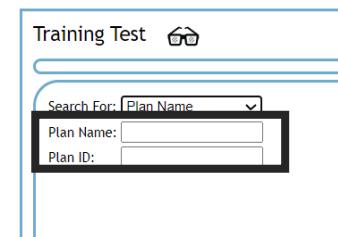
2 Click the blue the Search button



3 On the Search For pulldown bar, change it to Plan Name



4 Fill in the Plan Name or Plan ID from your Google Doc
• Click the Search button (Magnifier)



Tip: When searching by Plan Name on your Google Doc reduce the number of plans by typing in **key words**.

Refer to your google doc for naming conventions- each practice group could be different.

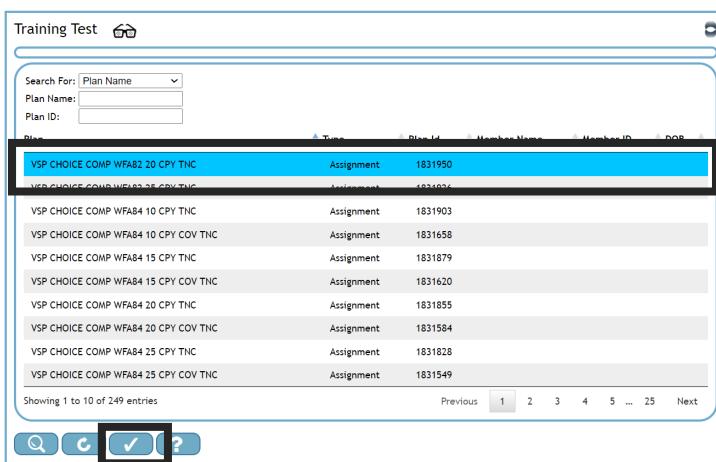
- VSP Contacts \$ ___ (cl allowance)
- VSP Sig Complete WFA ___ (e.g.: 60,107)
- VSP Sig Lens Only ___ (patient copay)
- VSP Signature Exam \$ ___ (patient copay)
- VSP Choice Complete WFA ___ (WFA allowance)
- VSP Choice Lens Only \$ ___ (patient copay)
- VSP Choice Exam \$ ___ (patient copay)

For eyeglasses, indicate if Poly is covered or not by selecting the correct plan

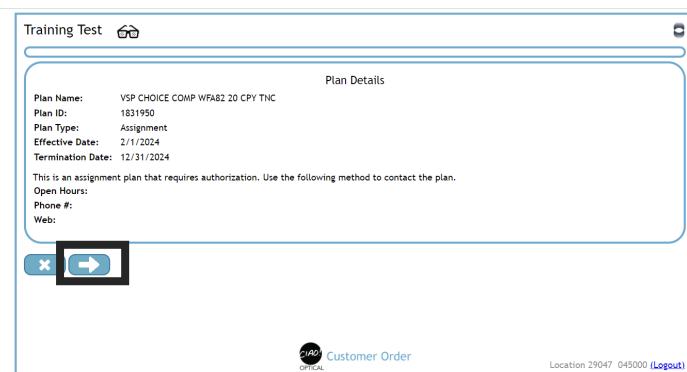
VSP CHOICE COMP PR WFA100 0 CPY COV ROS → Covered

VSP CHOICE COMP PR WFA100 0 CPY NC ROS → Not-Covered

5 Select the plan from the listing and click the Checkmark



6 Review you've selected the correct plan and click the Checkmark



7 Complete the Insurance Demographics Screen

A Checkmark the service you are currently entering and enter Material Authorization number

- If carrier (Spectera) does not issue authorizations, enter 1234

C Complete all fields for Customer Plan Information

- For Primary Member indicate Self
- For Dependents, complete the Primary Member Plan Information for your billing team

B Enter the Member ID number

Reminder- Exam and Contact Lens Materials must have separate auth entered into Ciao!

8 Enter needed services

Note: For all eye exams a medical diagnosis must be entered



9

Ciao! will calculate the patient out of pocket expenses. Select the Radio Button and continue

Training Test

Contacts **Order Worksheet**

Category	QTY	Item#	Description	Retail Price
Contacts	4	733905851179	OD - OAS1D 905 8.5 143 VS01, -1.00	\$459.96
	4	733905851179	OS - OAS1D 905 8.5 143 VS01, -1.00	\$459.96
TOTAL: \$919.92				

Main Promotion

Current Offer: 16737 - ANNUAL SUPPLY INSTANT SAVINGS

Deal Code:

Associate Sale

Promotion Savings \$125.00

YOU PAY: \$794.92

Vision Care Plan Pricing

Vision Care Plan: VSP CONTACTS \$130 ALLOW \$25 CPY-TVO NC

Plan Id: 1818706

Current Offer: 16738 - ANNUAL SUPPLY INSTANT SAVINGS

Deal Code:

Promotion Savings \$125.00

Vision Care Savings \$105.00

YOU PAY: \$689.92

Radio button will select insurance pricing

Review insurance details and other savings

Category	QTY	Item#	Description	Retail Price	Copay	You Pay
Contacts	4	733905851179	OD - OAS1D 905 8.5 143 VS01, -1.00	\$459.96	\$12.50	\$344.96
Contacts	4	733905851179	OS - OAS1D 905 8.5 143 VS01, -1.00	\$459.96	\$12.50	\$344.96
			Vision Care Savings	(\$105.00)		
			16738 - ANNUAL SUPPLY INSTANT SAVINGS	(\$125.00)		
TOTAL:						\$689.92

Apply contact lens instant savings

Edit the claim

Note: Patients find insurance confusing, so a best practice is to Celebrate The Total Savings and share the out-of-pocket costs, but If a patient requests to see how it was broken out by line item, click the dollar bill for fees

Vision Care Plan Pricing

Vision Care Plan: VSP CHOICE COMP WFA82 20 CPY TNC

Plan Id: 1831950

Current Offer:

Deal Code:

Promotion Savings \$0.00

Vision Care Savings \$350.00

YOU PAY: \$220.00

ROUTINE INVOICING

CIAO! Optical

[RETURN TO TABLE OF CONTENTS](#)

14

For glasses only, fill out the Order Completion screen.

(A) Assign Tray ID: Each office utilizes this field differently. Connect with your team to determine what should be entered here.

(B) Manufacturing Notes: These notes can only be seen in LPA. Info here may vary depending on insurance and location. For all Blue Tag frames, use the manufacturing notes to document:

- Frame brand
- Model number
- Color
- Eye size, Bridge, Temple Length

(C) Checkered Flags to bring the order to the Active Orders list for tendering.

Manufacturing Notes can be viewed from LPA by searching the order and viewing Order Notes (See Order Management Guide for more details)



Additional Note:

- Auto calculations may distribute copays on a different line item that you are used to.
- You are not expected to review the copays/plan pay amounts (it will look different than a bill actual plan).
- When the correct plan is chosen, Auto Calculations will be correct within \$25.
- If you chose the correct plan, and do not edit the claim it will not be sent back to you to re-key unless there are incorrect details.
- If the patient is over charged, there may be specific instances where the Billing Team (or yourself if you are billing) asks the site to process an After The Fact (ATF) discount in Ciao Optical! to refund the patient.
- In other circumstances the Assignment Team will refund the patient.

Product Notes:

Contact lenses:

- If the retail amount is over \$1000, you must use the Generic Plan.
- Medically necessary contacts must be billed with Generic Plans.

Eyezen:

- The TA, Blue Filter, and Eyezen copay will be on the DST line
 - Eyezen copays/cost will be \$70 for Choice (Copay + CM Fee + Blue Light 45/10/15), \$65 for signature, and DST \$60.
- The Material Copay will be on the base line of lens.

Varilux X Fit and Comfort Max Fit:

- The Material Copay and Custom Measurement fee for Varilux X Fit and Comfort Max Fit have been added to the Progressive Copay.
- For example, this means the Copay will be \$160 instead of \$150 .

Standard vs. Branded Progressives:

- When billing and entering the claim into Eyefinity, you may choose either Ovation or Accolade as they are both category K lenses.
- Varilux XR Fit & Comfort Max Fit Lenses will provide your patient with a wider field of view and Crizal coatings will be available.
- Varilux XR Track Fit is currently not available with VSP but the patient can use their 20% off other items discount on the lenses.

SPECTERA AUTO-CALCULATION PLANS

Ciao! Optical Entry

SPECTERA OVERVIEW



RETURN TO TABLE
OF CONTENTS

- Most Spectera plans will auto calculate for exams & materials.
- When selecting an auto-calculations plan, it will also auto file to Spectera.
- Similar to VSP, if you do not select the correct plan and enter the correct patient demographics in Ciao! Optical your claim will be denied.
- If you do not see the correct **product name** on your google document, reference the product name on crosswalk on the next page.

Member:

Date of Birth:

Subscriber ID:

Product Name: D0508

Please Note: Member must be eligible at date of service to receive benefit.



- If the auto-calculation plan did not calculate correctly, you can edit the patient copays. The claim will submit with the edits you made.
- Do not use an auto-calculation plan with **Eyezen** lenses, it will not calculate correctly.
- **Contact lens formulary** plans will be Bill Actual plans. You will be provided training during your integration week.
- **Medically necessary contact lenses** will be Bill Actual plans. [Click HERE](#) for the medically necessary guide.

ESSENTIAL HEALTH BENEFIT CROSSWALK



RETURN TO TABLE
OF CONTENTS

Use the product name on the patient's benefit summary (card) and cross reference your google sheet to see if the Auto-Calculation Plan is already loaded in Ciao! Optical.

If not, use the crosswalk below to guide you in which plan to choose in Ciao! Optical:

PRODUCT NAME	PLAN CODE
F2977	21
N0008	57
10E2E, KAE3E	USE EXAM PLAN
F3005	112
KAEK1	USE EXAM PLAN
J5286***	141 EHB PLAN
JC528***	283 EHB PLAN
VC00, VC14	2Q
F9004	3X
F9003	3Y
M1427, M1430	3Z
M0929, M0979, M1050, M1371, M1374	4K
D0508	8T
SH002/SH006/SH010/SH018	AF
SH106/SH107/SH402/SH403, TH320	
F3135	AG
L003V, S1074/S1075, V1506, V1826	C1
J8083***	D42 EHB PLAN
F2704	DL
L009C, V1602, T1151, S104C/S104V	E1
S1004/S1008/S1012/S1020	
C0141	E8
D0352, M0036	FK
F3412	LB
S1026/S1037/S1043/S1049	M1
V1781	Q1
SH413/SH414	RH
F2966	U2
M1157, M0917, M0971	WK
M1159	XP
***	USE BILL ACTUAL PLAN



Key Information

1. To identify the plan, review the **Product Name** on the Benefit Summary

Member:
 Date of Birth:
 Subscriber ID:
Product Name: D0508
 Please Note: Member must be eligible at date of service to receive benefit.



2. Using your practice groups Plan ID listing, select the **Spectera Tab** across the bottom

18	H2642	1825008	SPECTERA 123 TWO NC		
19	HG685	1825008	SPECTERA 123 TWO NC		
20	UIC770	1825008	SPECTERA 123 TWO NC		

+ CEC **SPECTERA** SUPERIOR VSP EX VSP MAT

4. On the keyboard, hit the control button (CTRL) and the letter F to find your plan ID
5. Type in the **Product Name** to find the matching **Plan ID** for Ciao!
6. In Ciao!, search via the Plan ID

Search For:	<input type="text" value="EyeMed/MVC Mem"/>
Plan Name:	EyeMed/MVC Member
Plan ID:	Aetna Member
Member ID:	Assignment Plan
Member First Name:	Medical Plan
Member Last Name:	Safety Plan
Member Date of birth:	Medicare Part B (post cataract)
Plan Name	

7. Enter the correct member demographics, including ID number with the last two digits BUT NOT THE -, which can be found on the member benefit summary. i.e. The example below would be entered as **98603513400** NOT **986035134-00**.

Patient Test

Plan Information:

Plan Name: VSP CHOICE EXAM \$10 \$60 FIT-TNC

Phone #:

Open Hours:

Plan ID: 1818686

Plan Type: Assignment

Authorized: Frame Lens

Exam Auth: 1274836

Benefit Calculation Notes:

Customer Information:

Member ID: 1234

SSN:

DOB: 2/9/1900

Customer Plan Information:

Employment Status: Full-Time

Employer: EssilorLuxottica

Student Status: Not a Student

Marital Status: Married

Relation to Primary Member: Self

Is condition related to employment? Yes No Unknown

Is customer's need accident related? Yes No

Is there a secondary plan? Yes No

Primary Member Plan Information:

First Name:

Address:

ZIP Code:

City:

State:

Member ID:

SSN:

Phone:

Gender: Male Female

Employer:

Marital Status:

DOB:

Student Status:

Customer Order

Logout

Member: [REDACTED]

Date of Birth: [REDACTED]

Subscriber ID: **986035134-00**

Product Name: **T1713**

Exceptions:

Contact lenses:

- Formulary & medically necessary contact lenses still need to be processed as they currently are

Eyezen:

- Use the **Generic** Spectera Plan and process as you do today

VERSANT AUTO-CALCULATION PLANS

Davis & Superior Ciao! Optical
Entry

VERSANT CIAO! OPTICAL ENTRY



RETURN TO TABLE
OF CONTENTS

Key Information

1. To identify the plan, review the **Plan Name (Davis) or Copay/Allowances (Superior)** on the Benefit Summary (service record form) or Online Portal

Displaying search Results for : Service Date: 10/26/2019 , DOB: 10/13/1998 , Member Last Name: Overly

Select	Member Information	Relationship	Group/Sub Group	Plan Name
<input checked="" type="radio"/>	GENESIS M OVERLY 10/13/1998 206696609648 View Detailed Benefits Service Record Form History	Child	City of Farmers Branch 100000006 / 001	Global Benefit

2. Using your practice groups Plan ID listing, select the Davis or Superior Tab across the bottom

ROGIN DAVIS PLANS ▾ **ROGIN SUPERIOR ▾** ROGIN SPECTERA ▾ VSP ROGIN PLANS ▾

3. On the keyboard, hit the control button (CTRL) and the letter F to find your plan ID
4. Type in the **Plan Name (Davis)** or Copay/Allowance (Superior) to find the matching **Plan ID** for Ciao!
5. In Ciao!, search via the Plan ID

Plan ID from Google Doc

Search For: Plan Name ▾

Plan Name:

Plan ID:

4. Enter correct member details in Ciao! Optical

Exceptions:

Contact lenses:

- Medically necessary contact lenses must be billed through a generic plan

Eyezen:

- Use the **Generic** plans and process as you do today

Standard vs. Branded Progressives:

- In Ciao! Optical- if the order is placed with standard lenses, order standard lenses in the Versant Portal
- In Ciao! Optical- if the order is placed with premium lenses, order Premium lenses in the Verstant Portal
- Varilux Lenses will provide your patient with a wider field of view and Crizal coatings will be available

Frame Kits:

- You will have a generic UPC to enter into ciao! for the Davis frame kit
- Davis will provide the frame as complete
- In order for your biller to know what frame to order, in the authorization field enter the frame model, color, and any other details

VBA AUTO-CALCULATION PLANS

Ciao! Optical Entry

**We are very excited to announce that you can accept VBA insurance starting March 3!**

It will be your responsibility to ensure you, and your team are ready to help VBA patients in your office. Use the chart below to learn more about the VBA process:

Topic	
Retail Overview Page- General Info	Getting Authorization
Retail Provider Portal Guide	Member ID/Card Info (bottom of the page)
The plan pay amounts for frames and lenses and patient copays have been added to the Toolkit Documents > Insurance > Insurance Guides > VBA Folder > Retail Plan Rate & Fee Schedules	

Additional notes:

- In your area, there are approx. 5000 members with VBA insurance
- You will always want to pull separate authorizations for exam and materials
- Authorizations are valid for 60 days
- You will use the patient's name/dob or SS to locate the member in the portal (note some school districts will have a unique ID)
- You can transfer an authorization from one office to another if needed
- **Short term:** At the time of launch, you will use a **bill actual plan (Plan ID: 1838461)** and will 837 fil, **Long term:** These plans will be auto-calc plans and file on the 837 claim (google doc will update)
- The patient will **always have a \$50 out of pocket contact lens fitting fee** (they can call VBA to verify if needed)
- With all fittings the patient is entitled to two follow up visits (the third follow up is private pay)
- Similar to VSP, there are some plans that are combined exam and materials plans, and the authorization will clearly indicate this.
- There is a **dispensing fee** of \$15 or \$17 (will be indicated on the authorization) this goes into your **plan pays** for the base line of the lens

Your login details for pulling authorization:

Visit the VBA Website: www.vbaplans.com. The VBA App is on page 3 of the toolkit. Should you need support within the website there is a chat function, or you can call the main number listed below.

Site Name	Site #	Account #	Password
Triangle Visions Optometry - Asheville	T040	LTVT040	VBALXCole1234
Triangle Visions Optometry - Cary Maynard	T042	LTVT042	VBALXCole1234
Triangle Visions Optometry - Durham	T046	LTVT046	VBALXCole1234
Triangle Visions Optometry - Thomasville	T061	LTVT061	VBALXCole1234

Your Billing Account is LTV9999. Authorizations for all locations can be viewed from the Billing Account.

Additional Contacts:

Medically Necessary Contacts-Prior Auth Email MNC@vbaplans.com

VBA Main Phone Number (8:30-6pm M-F) 1 800 432 4955



Below are examples of the coverage & authorization forms.

General			
Group:	1454 - ACME Portalosso Company		
Coverage:	FAMILY		
Employee			
Mike Brady 42 Main St Los Angeles, CA 31415			
Benefit Notice			
If eligible, this plan covers either a routine exam with spectacle lens and frame OR an allowance that can be used toward the cost of a routine exam and contact materials.			
Benefits			
First Name	Birth Day	Relation	Benefits Allowed †
Mike	09/26/69	Member	Full Service: Outstanding
Carol	04/30/70	Spouse/domestic partner	Exam: YES \ Lens: YES \ Frame: YES \ Contacts: \$100
Greg	04/30/00	Child	NOTFOUND Students School
Marcia	04/30/01	Child	NOTFOUND Students School
Peter	04/30/02	Child	NOTFOUND Students School
Jan	04/30/03	Child	NOTFOUND Students School
Bobby	04/30/04	Child	NOTFOUND Students School
Cindy	04/30/05	Child	NOTFOUND Students School
Keith	04/30/06	Child	Exam: YES \ Lens: YES \ Frame: YES \ Contacts: \$100

[Service History](#)[Plan Rules](#)[New Authorization](#)

Home > Doctor Home

Vision Benefits of America - Coverage & Authorization [Print](#)**General**

Authorization Number:	5136189228	Valid for Service between: 02/20/2025 - 04/20/2025
Doctor:	LTV9999 - CLARK OPTOMETRIC CENTER PA	Filing Deadline: 05/04/2025
Group:	1454 - ACME Portalosso Company	
Patient:	Barney Rubble	Relation to Member: Member

Benefits

Exam	Lenses	Frames	- OR -	Contacts ²
<input checked="" type="checkbox"/> Eligible	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None	

Plan Copays & Allowances

Copays:	Exam: \$0.00	Lens/Frame: \$0.00
Retail Frame Allowance:	\$112.50	
Cost Contained Fees:	Contact Eval and/or Fitting Fee:	\$50.00

Dispensing Fees (Paid by VBA)

Lens Dispensing:	\$15.00
Frame Dispensing:	\$17.00

Fully-Covered Services and Materials

Vision Care Exam	Single Vision Lens	Lined Multifocals
Lenticular Lens	Scratch, Standard	Medical Contacts
Polycarb., 18 & Under		

Partially-Covered Services and Materials (see PRLS to determine member responsibility)

Contacts	Frame ¹
Progressive, Std	Progressive,Digital

Non-Covered Services and Materials (See PRLS to determine member responsibility)

Digital Retinal Screening	A/R Bluelight	A/R Ultra
A/R, 1 Year	A/R, 2 Year	A/R, Premium

INTEGRATION WEEK



During your integration week, you will review insurance systems training with your trainer. Your site will be provided a site-specific guide that will include your insurance process details. The guide will include:

- Overview of the billing process for your site
- Insurance Fee Schedules
- Plan ID's for Ciao! Optical
- Insurance required Lab Details

Our Operations teams aim to have RevolutionEHR, Insurance Fee Schedules, and all systems live by your soft opening. Should this not occur, your onsite Ops manager and post support team will provide additional guidance.

We highly encourage the Practice Manager, Assistant Practice Manager, and key Team Members in the building to adjust the site operational process as needed. We can not change the systems but can align on how to make them work for you!

During your soft opening, you should work together as a team to ensure accurate data is entered into the E.H.R and Ciao! Systems. It is critical that over the next 30-60 days you observe the insurance process and double check for correct entry into the E.H.R & Ciao! Use the [Insurance Audit](#) in this guide (last 4 pages).

There are occasions where claims are held for various reasons. This is a back-office process and will not impact your ability to service the patient. You will continue to invoice in RevolutionEHR & complete Ciao! Optical entry.

The following page will provide guides for if providers are not loaded into Ciao! Optical and/or payment processing is down.



In all cases below, notify your Onsite Operations Partners & your Field Leader.

Services Not Listed In E.H.R.

- Confirm with OD/PC Holder this is a go-forward service.
- Confirm correct service & pricing in Ciao! Optical- if not, take action.
- Add service AND fee schedule into Rev (if you don't have access partner with your biller or email Help@Revolutionehr.com)

U&C (Price) Incorrect In E.H.R

Integration Sites: notify your onsite Ops partner. **All other sites:** notify their Field Leader.

- Confirm with OD/PC Holder this is a go-forward price.
- Confirm correct pricing & service in Ciao! Optical- if not, take action.
- Adjust price in Rev (if you don't have access partner with your biller or email Help@Revolutionehr.com)

Missing Insurance Carrier in the E.H.R and/or Ciao! Optical

- Hold the patient services & materials until the insurance carrier is loaded into all systems and correct billing can occur.
- The carrier must be loaded into ciao! optical (plan ID creation)
- Email Tracy Martinez (TMartinez2@luxotticaretail.com) to work towards getting the carrier added. Provide:
 1. Carrier name and routine or medical
 2. Fee schedule for medical insurance
 3. Routine, plan pay details must be added to your insurance binder
- Determine billing process (biller or site, etc.)

Missing Fee Schedule In The E.H.R.

1. Gather Fee Schedule from provider (online or call and request fax).
2. Send Fee Schedule to Tracy Martinez (TMartinez2@luxotticaretail.com).

Services Not Listed In Ciao! Optical

Integration Sites: notify your onsite Ops partner. **All other sites:** notify their Field Leader.

- Confirm with OD/PC Holder this is a go-forward service.
- Confirm these services & prices are listed in RevolutionEHR- if not, take action.
- Add to Ciao! Optical (If a professional service needs to be added it can take up to 7 days).

U&C (Price) Incorrect In Ciao! Optical

Integration sites: notify your onsite Ops partner. **All other sites:** notify their Field Leader.

- Confirm with OD/PC Holder correct pricing.
- Confirm these prices & services are entered & match in RevolutionEHR- if not, take action.
- Ciao! Optical Correction (Can take up to 7 days).
- You may need to make adjustments at the site level to get correct funds in Ciao! Optical. Your onsite support or PM can assist you.

SOFT OPENING

Troubleshooting



RETURN TO TABLE
OF CONTENTS

Providers Not In Ciao! Optical

1. Complete invoice in RevolutionEHR.
2. Use insurance benefit summaries & enhancement charts to quote patient and determine out of pocket costs.
3. In Ciao! Optical:
 - Build Ciao! Profile and enter Rx
 - Enter order details WITHOUT insurance and print a quote and document optical measurements as a backup.
 - Once on active orders, move to virtual to save the order.
4. Day of service: **Collect patient out of pocket expenses and keep payment receipt with routing slip, quote, and other documents.**
5. Designate a secure place in the office to keep the order and payment details.
6. Email Sales Audit to alert them to the closing discrepancy.

Once Tendering Possible:

1. Designate a secure place in the office to place all routing slips & card logs.
2. Identify a key person in the office to enter once payment processor set up.

Can Not Process Payment

1. Complete invoice in RevolutionEHR.
2. Transfer services to Ciao! Optical.
3. Manually document amount patient is paying on routing slip.
4. Take payment:
 - Should credit card devices be down, document card details on Credit Card Log.
 - Click [HERE](#) for a printable copy.
 - You may want to record all payments on this log to ensure they are all accounted for during step 4.
5. Email Sales Audit to alert them to the closing discrepancy.

Once Tendering Possible:

1. Designate a secure place in the office to place all routing slips & card logs.
2. Identify a key person in the office to enter once payment processor set up.

Payment	How to process
Cash/Check	<ul style="list-style-type: none">• On routing slip, document amount and that the patient has paid• Hold checks/cash in safe with patient name
Credit: Visa, MC, Amex, Discover	<ul style="list-style-type: none">• Review with patient the amount to be collected.• Log patient name and payment details on Credit Card Log.• Process physical payment and record once systems up and running
Care Credit	<ul style="list-style-type: none">• Review with patient the amount to be collected.• Log patient name and payment details on Credit Card Log.• Process physical payment and record once systems up and running