

Neurolens is an exception optical lens for TeamVision and will require specific steps to be completed within our Ciao! Optical (Point of Sale) for payment with additional steps are needed to adjust the price based on the lens order. You will order directly from Founders Optical through SpecCheck. However, will need to disposition the order in our order management systems (LPA and Order Tracker) same as other exception lab orders (VSP).

Ciao! Optical Entry

Enter the patient order including frame, lens selection, and measurements. There are 3 lens base options (SV, Office, and PAL) for the lenses and will select clear and plastic despite what materials or enhancements the patient is getting. Orders are through SpecCheck, what you select in Ciao! Optical is only for pricing and payment.

<input checked="" type="radio"/> Clear	<input type="radio"/> Sun	<input type="radio"/> Photo
Vision Type	Single Vision	
Lens Design	Neurolens SV	
Material	1.50 Plastic	
Style	Neurolens	
Color	-	

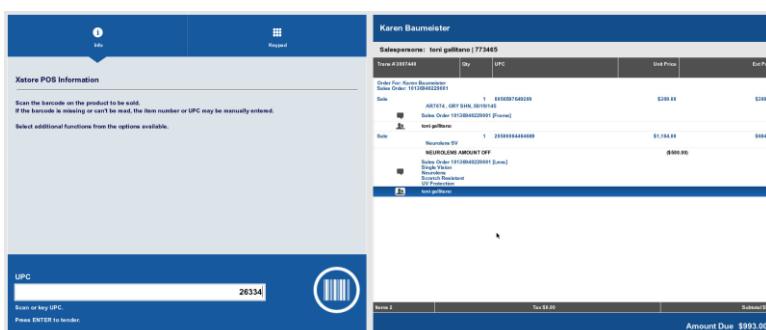
Neurolens SV	Neurolens Office	Neurolens PAL
Clear	Clear	Clear
Single Vision	Progressive	Progressive
Neurolens SV	Neurolens Office	Neurolens PAL
1.50 Plastic	1.50 Plastic	1.50 Plastic
Neurolens	Neurolens	Neurolens

Pricing and Tendering

The pricing you have in Ciao! Optical will be the maximum price for that lens design should the patient purchase all features. Neurolens pricing for all materials and enhancements can be found on page 3 of this guide or provided by Neurolens.

Neurolens SV	Neurolens Office	Neurolens PAL
\$1184	\$1334	\$1384

You will discount the lens to the actual price for the patient order in XStore. Post the payment in Ciao! and collect the payment in the credit card terminal.



- Use **Discount Code 26334**
- Apply the discount to the lens line item (not the frame)
- Enter the **dollar amount** to discount the maximum lens price to the patient order

Itemized Receipt

Should you need an itemized receipt, you will create that in RevolutionEHR for the patient. The receipt produced in Ciao! will not have the exact lens the patient is purchasing should they need it for their records or any insurance reimbursement (HSA/FSA).

Send payments to:		Invoice						
Advanced Eyecare Center - Perry		Service Date	Invoice Date					
1105 Monicampole Drive Perry GA 31069 (478) 412-4200		07/25/2024	07/30/2024					
		Patient	Patient #					
Lisa Stoddart			1198080008					
		Provider	Tax ID					
Dixon, Joe OD			203268180					
Bill To:								
USA STODDART 123 UPDATE ME LA MESA CA 91942								
Itemized Receipt								
Code	Description	Price	Qty	Disc	Tax	Adj	Paid	Balance
V2169	NeuroLens Single Vision	\$89.00	1	\$0.00	\$0.00	\$0.00	\$89.00	\$0.00
V2744	NeuroLens Transition GenS	\$170.00	1	\$0.00	\$0.00	\$0.00	\$170.00	\$0.00
V2783	NeuroLens High Index 1.67	\$70.00	1	\$0.00	\$0.00	\$0.00	\$70.00	\$0.00
PAYMENT	Credit Card - 07/30/2024							-\$330.00
						</td		

Neurolens Design

(Choose one)	MSRP
Neurolens SV	\$699
Neurolens Office	\$849
Neurolens PAL	\$899

Lens Material

(Choose one)	1.50 Plastic	(Included)
Polycarbonate	(Included)	
1.53 Trivex®	(Included)	
1.67 HI	\$70	
1.74 HI	\$140	
Add Blue Block	\$25	

Coating

(Choose one)	Premium	(Included)
Premium+	\$100	
NeuroBlue	\$120	

Light Protection & Sunwear

(Choose one)	Photochromic	\$130
 Gen-S		\$170
 XTRACTIVE		\$170
 XTRACTIVE POLARIZED		\$200
Polarized		\$200
Solid Tint		\$50
Gradient Tint		\$70