

# VSP Materials Invoice



Please fill in the form completely and print clearly in black uppercase letters. This will help ensure prompt and accurate payment.

VSP MATERIALS INVOICE		AUTHORIZATION #		VSP JOB SECONDARY AUTHORIZATION #	
Patient's Name (CMS Box #2 - Last, First, MI)		ARRIVAL DATE MM DD YY		MAIL DATE MM DD YY	
Member I.D. (CMS Box #1a)		LAB INFORMATION			
Please Doctor Stamp or enter Doctor Information here		LAB ID CODE		INVOICE #	
Dr. Name Address City State Zip Code Phone Number		OPTION CODES		OPTION CODES	
DOCTOR'S PHONE (LAB ACCOUNT #)		MATERIALS		LENS TYPE	
Benefit Type <input type="checkbox"/> Standard <input type="checkbox"/> Other		Glasses <input type="checkbox"/> High-Index Glass <input type="checkbox"/> High-Index Plastic <input type="checkbox"/> Plastic <input type="checkbox"/> MS-Index Plastic <input type="checkbox"/> Other <input type="checkbox"/> Poly <input type="checkbox"/>		Single <input type="checkbox"/> Progressive <input type="checkbox"/> Bifocal <input type="checkbox"/> Trifocal <input type="checkbox"/> Other <input type="checkbox"/>	
Date Service Began		SPHERE CYLINDER AXIS		PRISM / SECTION	
<h1>CMS-1500 REQUIRED</h1> <p><i>*This area is not tracked by VSP and may be used for notes.</i></p>		r		SPECIAL INSTRUCTIONS	
		L			
		ADD. SEG. HEIGHT		SEG. TYPE/WIDTH	
		r			
		L			
		COATINGS		PLASTIC DYES	
		AR SRC UV Mirror Dbl Grad Mirror		Clear Solid Gradient Dbl Gradient Sample Enclosed	
		Density		Density/Color	
		GLASS TINT/ COLOR COATINGS		LENS COLOR	
		Clear Tint for Coating Solid Gradient		Photochromic Polarized PGX PBX Other	
		Density/Color		Density/Color	
		EDGE TREATMENT		OTHER	
		Edge Polish Rub & Polish Other			
FRAME SERVICE		FRAME SUPPLIED BY		LENSES ONLY	
Doctor <input type="checkbox"/> Lab <input type="checkbox"/> Patient <input type="checkbox"/> Other <input type="checkbox"/>		Frame - Mark One		Count/Name	
Enclosed <input type="checkbox"/> To Come <input type="checkbox"/>		NAME		DST'S	
EYE BOX DEL		FRAME TYPE			
MANUFACTURER		Metal <input type="checkbox"/> Drill <input type="checkbox"/> Zr <input type="checkbox"/> Grooved <input type="checkbox"/>			
FRAMES NAME		COLOR		SHAPE	

## Completing the VSP Materials Invoice Form

- Copy the following information from the CMS-1500 (formerly HCFA-1500) form:
  - Patient's name from CMS-1500 Box #2
  - Member ID number from CMS-1500 Box #1A
- Copy the Authorization Number from CMS-1500 Box #23
- Stamp or print your doctor information.
- Enter the Benefit Type and Date Service Began.
- Complete the materials, lens type and prescription section.
- Circle all options that apply to the patient's material order.
- Complete the frame section and list the wholesale frame cost.

## Sending the VSP Materials Invoice Form to the Lab

(Must be submitted with the CMS-1500 form):

- Detach the goldenrod (Doctor's Suspense) copy and retain it for your records.
- Staple the completed CMS-1500 form to the Materials Invoice form and send to the VSP contract lab of your choice.
- Once the lab completes the order, they will return the pink (Doctor's) copy along with the materials to you
- Retain the pink (Doctor's) copy in the patient's file.

**Note:** It is the doctor's responsibility to verify the patient's coverage. Materials dispensed (lenses, frame and options) must be listed with the appropriate HCPCS code on the CMS-1500 form. Information provided on the Materials Invoice form is for lab use only. VSP will only reimburse you for services listed on the CMS-1500 form.