



VSP MATERIALS INVOICE

Patient's Name (CMS Box #2 - Last Name, First Name, MI)

Member I.D. (CMS Box #1a)

Place Doctor Stamp or enter Doctor Information here

Dr. Name:
Address:
City:
State:
Zip Code:
Phone Number:

DOCTOR I.D. _____ DOCTOR'S PRIVATE LAB ACCOUNT # _____

Benefit Type Standard
 Other _____ Date Service Began _____

CMS-1500 REQUIRED

AUTHORIZATION # (CMS BOX #23)				VSP COB SECONDARY AUTHORIZATION #							
ARRIVAL DATE MM DD YY			MAIL DATE MM DD YY								
LAB INFORMATION											
LAB ID CODE		INVOICE #									
OPTION CODES:											
MATERIALS				LENS TYPE		Safety Thickness					
Glass <input type="checkbox"/>	High-Index Glass <input type="checkbox"/>	High Index Plastic <input type="checkbox"/>	Single <input type="checkbox"/>	Progressive <input type="checkbox"/>	Industrial Safety 3.0 Monogram						
Plastic <input type="checkbox"/>	Mid-Index Plastic <input type="checkbox"/>	Index of Refraction _____	Bifocal <input type="checkbox"/>	Other <input type="checkbox"/>	Non Industrial 3.0						
Poly <input type="checkbox"/>	Other <input type="checkbox"/>		Trifocal <input type="checkbox"/>								
SPHERE		CYLINDER		AXIS		H-PRISM / DIRECTION		V-PRISM / DIRECTION		SPECIAL INSTRUCTIONS	
R											
L											
ADD		SEG HEIGHT		SEG TYPE/WIDTH		PATIENT'S PD					
						DIST. NEAR					
R											
L											
COATINGS			PLASTIC DYES			GLASS TINTS / COLOR COATINGS		LENS COLOR		EDGE TREATMENT	
AR			Clear			Clear		Photochromic		Edge Polish	
SRC			Solid			Tint		Polarized		Roll & Polish	
UV			Gradient			Color Coating		PGX		Other	
Mirror			Dbl Gradient			Solid		PBX			
Dbl Grad Mirror			Sample Enclosed			Gradient		Other			
Desc: _____			Density/Color: _____			Density/Color: _____		Density/Color: _____		Other: _____	
FRAME SERVICE		FRAME SUPPLIED BY:						LENSES ONLY Circumference: _____			
		Doctor <input type="checkbox"/> Lab <input type="checkbox"/> Patient <input type="checkbox"/> Altair <input type="checkbox"/>									
		Frame -Mark One						FRAME COST \$			
Enclosed <input type="checkbox"/>		To Come <input type="checkbox"/>									
EYE		BOX		DBL		TEMPLE		FRAME TYPE:			
								Metal <input type="checkbox"/> Drilled <input type="checkbox"/> Zyl <input type="checkbox"/> Grooved <input type="checkbox"/>			
MANUFACTURER				FRAME NAME				COLOR		SHAPE	