



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 # 2	VSP COS SECONDARY AUTHORIZATION #
Patient's Name (CMS Box #2 - Last, First, Middle Initial) (Name, MI)		ARRIVAL DATE MM DO YY	MAIL DATE MM DO YY
1 Member I.D. (CMS Box #1a)		LAB INFORMATION	
Place Doctor Stamp or enter Doctor Information here		LAB ID CODE INVOICE #	
3 Dr. Name Address City State Zip Code Phone Number		OPTION CODES	
DOCTOR ID: DOCTOR'S PRIVATE LAB ACCOUNT #		MATERIALS LENS TYPE Safety Thickness	
4 Benefit Type <input type="checkbox"/> Standard <input type="checkbox"/> Other Date Service Began		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 <input type="checkbox"/> Bifocal <input type="checkbox"/> Other <input type="checkbox"/> Non Industrial 3.0
CMS-1500 REQUIRED		5 SPHERE CYLINDER AXIS PRISM / SECTION SPECIAL INSTRUCTIONS	
<i>*This area is not tracked by VSP and may be used for notes.</i>		ADD. SEG. HEIGHT SEG. TYPE/WIDTH PATIENT'S PD DIST NEAR	
		COATING PLASTIC DYES GLASS TINTS/ COLOR COATINGS LENS COLOR EDGE TREATMENT	
		AR SRC UV Mirror Dist Grad Mirror Clear Solid Gradient Dist Gradient Sample Enclosed Clear Tint Gradient or Coating Solid Gradient Photochromic Polarized PBX Other Density/Color Density/Color Density/Color Other	
		7 FRAME SUPPLIED BY Doctor <input type="checkbox"/> Lab <input type="checkbox"/> Patient <input type="checkbox"/> Alter <input type="checkbox"/> LENSES ONLY Countdown	
		FRAME SERVICE Frame-Mark One Enclosed <input type="checkbox"/> To Come <input type="checkbox"/> NAME DIST #	
		EYE BOX DEL. FRAME TYPE: Metal <input type="checkbox"/> Drilled <input type="checkbox"/> Zyl <input type="checkbox"/> Grooved <input type="checkbox"/> MANUFACTURER FRAME 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.