

First-Time Redo Verification Form



Use this form to request payment for lab costs incurred for eligible first-time doctor redos (e.g., additional covered lens enhancements or changing labs for a redo). Refer to the Dispensing and Patient Lens Enhancements in the VSP® Manual at VSPOnline for requirements and limitations.

IMPORTANT: Forms received with missing or incomplete information won't be processed.

Doctor NPI _____	Member ID (or last four of SSN) _____
Doctor Name _____	Authorization Number _____
Address _____	Patient Name _____
City, State, ZIP _____	Patient Date of Birth _____
Phone (_____) _____	Member Name _____
Fax (_____) _____	Member Date of Birth _____
Office Staff Contact Name _____	Member Address _____
Date of Service _____	_____

Is the same lab processing the redo? Yes No

If no, please indicate reason for lab change. _____

What's the reason for the redo?

- Change in Prescription (not including changes resulting in plano lenses)
- Axis Change
- Base Curve Change
- Segment Height Change/Segment Style Change (e.g., FT 28 to Executive)
- Change in Lens Style (e.g., SV to Bifocal, Bifocal to Trifocal)
Indicate what changed: _____
- Change in Lens Material
- Errors in Transcription of Prescription (not including errors involving tints, photochromics, coatings, or frames)
- Non-adapt (excluding progressive)*

*Note: Progressive non-adapts should be handled as a private transaction between the doctor, lab, and patient.

A copy of the lab invoice must accompany this form to process the redo.
Please mail this form to VSP, PO Box 495907, Cincinnati, OH 45249-5907.