Explanation of Payment

vsp vision care

Your VSP® Explanation of Payment (EOP) is a detailed record of the reimbursements made to you for services provided to VSP Vision Care patients. Use this Quick Reference Guide to gain a better understanding of the EOP and to help with reconciliation in your office.

Date:
Check #:
SAMPLE VISION ONE
Doctor Payment Arrangement: XXXXXXXXX
333 Quality Drive Rancho Cordova, CA 95670

Plan / Insured ID / Patient Name / Pt Acct # / Claim Number	Service Date	Pro Code/ Modifiers	Unit(s)	Service Description	Billed Amount	A Patient Responsibility: Copay	A Patient Responsibility: Overage	B VSP Provider Payment	C Informational: VSP Lab Allocation	D Informational: Total Plan Value	Message Code (s)
SIG PLAN	**XXXXXXXX**	**Patient Name**		**1736781600**							
	4/18/09	92014	1	Exam - Comp	99.00	0.00	0.00	54.80	0.00	54.80	
		92015	1	Refraction	40.00	0.00	0.00	13.70	0.00	13.70	
		V2103	2	Lens - SV	59.00	0.00	0.00	40.50	12.75	53.25	
		V2784	2	Lens, Polycarbonate or Equal, And Ind	90.00	0.00	0.00	0.00	0.00	0.00	7K
		v2744	2	Tint Photochromatic per Lens	110.00	0.00	0.00	0.00	0.00	0.00	7K
			1	Cov - AD - Standard Lens Polycarbonate	0.00	0.00	0.00	0.00	12.00	12.00	
			1	Non-Cov - PP - Photo Plastic B/Mid Ind	0.00	0.00	62.00	-42.00	42.00	62.00	OP
		V2020	1	Frame/Disp - Dr Sup $60/58 WFA	225.00	10.00	60.00	93.50	0.00	163.50	05 OM
				Totals	**623.00**	**10.00**	**122.00**	**160.50**	**66.75**	**359.25**	
		Total Payment Collected		**$292.50**							
CHOICE	**XXXXX1234**	**Patient Name**		**1775867000**							
	4/22/09	92014	1	Exam - Comp	99.00	10.00	0.00	44.80	0.00	54.80	
		92015	1	Refraction	40.00	0.00	0.00	13.70	0.00	13.70	
		V2103	2	Lens - SV	59.00	0.00	0.00	17.50	12.75	30.25	
		V2744	2	Tint Photochromatic per Lens	65.00	0.00	0.00	0.00	0.00	0.00	7K
		V2760	2	Scratch Resistant Coating per Lens	40.00	0.00	0.00	0.00	0.00	0.00	7K
			1	Non-Cov - PP - Photo Plastic B/Mid In	0.00	0.00	82.00	-42.00	42.00	82.00	
			1	Non-Cov - QS - Scratch Resistant Coating B	0.00	0.00	*	-15.00	15.00	*	OP PM
		V2020	1	frame/Disp - Dr Sup $48/$46 WFA	135.00	25.00	0.00	31.45	0.00	56.45	
				Totals	**438.00**	**35.00**	**82.00**	**50.45**	**69.75**	**237.20**	
		Total Payment Collected		**$167.45**							
SIG PLAN	**XXXXX1234**	**Patient Name**		**1775867000**							
	7/4/09	V2781	2	Progressive Lens, per Lens	157.00	0.00	0.00	80.42	0.00	80.42	OP
		V2203	2	Lens - Bifocal	0.00	0.00	0.00	0.00	24.83	24.83	8M 5X
		V2744	2	Tint Photochromatic per Lens	65.00	0.00	0.00	0.00	0.00	0.00	7K
			1	Non-Cov - PP - Photo Plastic B/Mid In	0.00	0.00	76.00	-51.00	51.00	76.00	OP
			1	Non-Cov - JA - Progressive J in Plast	0.00	0.00	87.00	-87.00	87.00	87.00	OP
		V2020	1	frame/Disp - Dr Sup $48/$46 WFA	200.00	25.00	64.00	43.80	0.00	132.80	05 OM
			0	Tax	0.00	0.00	0.00	2.07	0.00	2.07	
				Totals	**422.00**	**25.00**	**227.00**	**-11.71**	**162.83**	**403.12**	
		Total Payment Collected		**$240.29**							
				Total Provider:	**1483.00**	**70.00**	**431.00**	**199.24**	**299.33**	**999.57**	

Thank you for being a part of the VSP Network of Doctors. Together, we can provide the personalized eye care that helps millions of people see well, stay healthy, and maximize their individual potential.

Messages Codes:

- **5X** This service is included in the reimbursement of another procedure billed for this date of service.
- **8M** Billed amount has been rolled up to a related service to maximize payment.
- **OP** Patient pays VSP enhancement price for this service.
- **7K** Refer to Provider Reference Manual under Covered and Non-Covered Enhancements.
- **05** Wholesale frame amount over limit.
- **OM** Billed amount over the maximum allowed for this service.
- **PM** * Asterisk – VSP is unable to provide Patient Pay Materials for this plan. Please refer to the PRM for appropriate billing.

E

Check # Total VSP Check: $199.24

	Current	YTD
Number of Claims:	3	120
Total Plan Value:	$1,001.57	$14,015.03
VSP Provider Payment:	$199.24	$13,314.03
Patient Responsibility:	$501.00	$225.00
VSP Lab Allocation:	$299.33	$131.25

Your VSP payment is only one part of the benefits you get from seeing VSP patients.

Explanation of Payment

vsp vision care

A **Patient Responsibility** is:

- the out-of-pocket amount that you've collected from the patient(s);
- the sum of the Copay and/or Overages—depending on the services.

B **VSP Provider Payment** is the total reimbursement you've received from VSP for the services provided.

C **VSP Lab Allocation** is:

- the dollar amount that VSP lab allocates on your behalf for base lenses, lens enhancements, and lab-supplied frames;
- calculated based on national lab averages and is not specific to your lab payment amount.

D **Total Plan Value** is:

- the sum of Patient Responsibility, VSP Provider Payment, and Material Lab Allocation;
- the total amount earned for the services provided.

E **Message Codes** are listed on the last page of the Explanation of Payment. For a complete list of codes, view **EOP Message Codes** in the **Tools & Forms** section of your **Manual** on **VSPOnline** at **eyefinity.com**.

Claim Summary Information

The summary at the bottom of your EOP provides year-to-date and current totals for the reimbursement categories itemized on the statement.

Depending on the organization of your practice (i.e., the number of offices and the number of VSP doctors practicing under the same VSP payment arrangement), claim information is summarized by:

Office Claims processed for patients seen by each doctor practicing at that office location.

Doctor Claims processed for patients seen by the doctor at that office location. Patients' last names will appear in alphabetical order.

Abbreviations

These codes indicate specific services provided to the patient:

Exam Codes

Comp Comprehensive

Int Intermediate

Dispensing Codes

SV Single vision

BF Bifocal

TF Trifocal

PG Progressive lenses

LT Lenticular lenses

Explanation of Payment

Plan Type

This code appears before the member's ID number and represents the plan under which the patient was seen:

ACCESS	VSP Access Plan®
ADVTG	VSP Advantage Plan℠
CHOICE	VSP Choice Plan®
EMEC	Essential Medical Eye Care
ENH ADVTG	VSP Enhanced Advantage Plan℠
MCD	Medicaid
MCD-PIA	Medicaid using Prison Industry Authority Labs
SIG PLAN	VSP Signature Plan®
SAVPASS	VSP Vision Savings Pass™

Deductions

These items appear at the end of the statement and indicate automatic deductions:

VSPOne®	Deductions for VSP Optical Laboratory work billed directly to the doctor.
Altair	Deductions for Altair Eyewear frames supplied to patients if "auto deduct" has been designated by the doctor's office.