

**STEP 1:** Setting up your user login for the online claims system by visiting [www.eyemedinfo.com/forms/](http://www.eyemedinfo.com/forms/)

Complete the "Requests Online Claims System Login" form.

**STEP 2:** Login to the online claims system at [www.claims.eyemedvisioncare.com/claims/loginForm.emvc](http://www.claims.eyemedvisioncare.com/claims/loginForm.emvc)

Enter your User ID and Password. If you forget your password, click the Forgot Password link.

## Lab Registration

Upon logging into the online claims system, select "Manage My Profile" and then select "Lab Registration" from the left-hand side navigation.

**Provider Tools**

- Members
- Discount Plans
- Groups
- Military Group Order
- Discount Group Order
- Claims
- Lab Order
- Billing
- Disbursement History
- Audits
- Manage My Profile
  - Administration
  - Change Password
  - View Location
  - > Lab Registration
  - In-Office Finishing
  - IOF Customer Support
  - Payment Methods
  - Key Information
  - Manage Users
  - Create Users
  - Order Lenses
  - Contact EyeMed
  - Utilization Management

From here, you'll be taken directly to the lab registration page.

**Lab Registration** ?

Choose a tax entity and location, then select View Lab Accounts to see lab accounts for the location.

**Location Information**

Tax Entity: --- Select a Tax Entity ---

Location: Choose a Location

[View Lab Accounts](#)

**STEP 1:** Select the location associated with your Tax ID.

**Lab Registration** ?

Choose a tax entity and location, then select View Lab Accounts to see lab accounts for the location.

**Location Information**

Tax Entity: PROCARE OF TROY LLC (\*\*\*\*\*1597)

Location: Choose a Location

Choose a Location

1861 TOWNE PARK DR, STE A, TROY, OH, 45373

9856 WESTMINSTER AVE, STE 125, GARDEN GROVE, CA, 92844

[View Lab Accounts](#)

**STEP 2:** After the associated location has been selected and you've hit View Lab Accounts, the list of associated lab accounts will be shown.

### Lab Accounts

Below is a list of lab accounts associated with this location. Click the Change link to enable or disable a lab account for use for EyeMed orders.

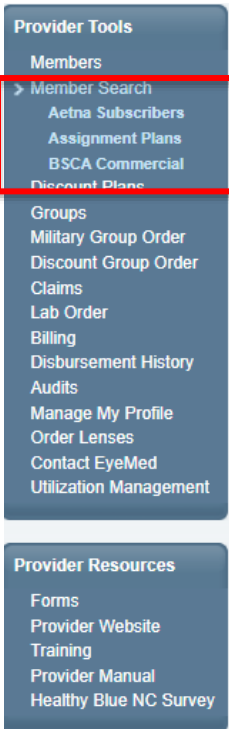
Show 10 entries Filter:

Name	Location	Phone	Account Number	Services Provided	Status
Walman Optical Baltimore (MC)	Baltimore, MD		TEST123	Medicaid C (VA) Medicaid D (VP)	Enabled ( <a href="#" style="color: #4f81bd;">Change</a> )

When filing a lab claim, you may only use a lab that has an “enabled” status as shown on the right-hand side under the status column. If you would like to register for a lab that is disabled, you can use our [step-by-step lab registration job aid](#).

## Searching for Members

Once you have ensured you have an enable lab, select “Member Search” from the left hand side navigation.



From here, you’ll be taken directly to the member search page.

**STEP 1:** Enter the member’s name, date of birth and the date of service.

**STEP 2:** Click search.

**STEP 3:** Identify the correct member record from the search results and click the member name. You may see multiple members appear and this is simply to search in case there are multiple family members covered by the same vision benefit.

## Viewing Eligibility and Plan Information

**STEP 1:** Choose the location and provider who is providing services.

**Step 2:** After selecting the location, please select the provider offering services from the drop-down menu. You'll then be able to view the services and materials the member is eligible for.

Location [\(Change\)](#)

Provider ▼

Date of Service: 10/01/2021

[Check Eligibility](#)

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[Routine](#) [Additional Purchase](#)

	Service	Member is Eligible?	Member Eligible As Of*	Service Frequency
<input checked="" type="checkbox"/>	Lenses	Yes	03/01/2020	Once every calendar year
<input checked="" type="checkbox"/>	Frame	Yes	03/01/2020	Once every calendar year
<input type="checkbox"/>	Contact Lenses	Yes	03/01/2020	Once every calendar year

[Submit Claim](#)

**Step 3:** Scroll down to view details about the member's benefits like copays and allowances.

You do not need to get prior authorization to submit a claim.

## Submitting Lab Claims

**STEP 1:** After using the steps above, verify the member is eligible by the yes flag in the member eligibility box and select submit claim. A prompt will appear where you would like the lab order to be placed.

### Where will the lenses be ordered from for this claim?

EyeMed Network Lab  EyeMed Stock Lens Portal  
(any order sent to an approved lab for manufacturing) (in compliance with EyeMed's IOF Program)

**STEP 2:** When selecting "EyeMed Network Lab," you will be prompted to select the specific lab you would like to use.

Select a Lab
✕

**Name:** LensTech Optical  
**Account:** TEST123  
**Ship To:** 1861 TOWNE PARK DR, Troy, 45373

**Name:** Luxottica Lab Services  
**Account:** 21123531  
**Ship To:** 4000 LUXOTTICA PL, MASON, 45040

**Name:** McLeod Optical Augusta  
**Account:** TEST123  
**Ship To:** 1861 TOWNE PARK DR, Troy, 45373

Continue
Cancel

**STEP 3:** You will then be directed to select the relevant job type.

**Laboratory Information**

Name: Omega Dallas  
 Account: 51260  
 Ship To: 1861 TOWNE PARK DR, Troy, 45373  
[Change Lab](#)

Job Type: 
 --- Select a Job Type---  
 --- Select a Job Type---  
 Uncut  
 Frame To Come  
 Lens Only w/Trace  
 Lens Only w/Archive

**Prescription Information**

\* Required Fields [Instructions](#)

	Prism 1	Base 1	Prism 2	Base 2
OD (R)				
OS (L)				
Prism (R)				
Prism (L)				

Continue Lens Order Entry

- Job Type Summaries Available Based on Lab Network:**
- Uncut:** The lab will provide the prescription lens and the provider will edge and mount the lens.
  - Frame To Come (FTC):** Provider send frame to lab for manufacturing.
  - Lens Only W/Trace:** Provider sends file to the lab for trace of frame. Lens is already cut and edged by the lab and the provider will mount.
  - Lens Only W/Archive:** The lab already has the file in their system and the provider doesn't need to submit it. Lens is already cut and edged by the lab and the provider will mount.

**STEP 4:** Enter the Prescription Information. This will default the catalog information based on what is entered. The add section is for multifocal lenses only. If left blank, the prescription will default to single vision lenses. If a prism lens, you must checkmark "With Prism" and enter the information. If "With Prism" is checked, you must enter a value into the box.

We are now collecting additional information for non-lab model providers to assist with the expanded lens code sets, minimize the need for audits, and improve EyeMed’s ability to demonstrate quality of care to our clients.

Key reasons for the changes include:

- 1.) Demonstrates quality of care – ensures members get the appropriate lens for their unique prescription needs
- 2.) Improves Online Claims System experience – Enables system to populate correct CPT Codes for lens designs and materials, enhancing accuracy for provider pay and member benefits
- 3.) Minimizes audits – Additional prescription and lens information collected during claims submission partially eliminates the need for audit requests to collect in the future

	Sphere *	Cylinder	Axis	Add
OD (R)	-01.00			
OS (L)	-01.00			
<input type="checkbox"/> With Prism	Prism 1	Base 1	Prism 2	Base 2
Prism (R)		-		-
Prism (L)		-		-

[Continue Lens Order Entry](#)

**STEP 5:** Once you have entered the relevant prescription information and selected "Continue Lens Order Entry," you will be prompted to enter additional information for the lens design and material fields.

	Sphere *	Cylinder	Axis	Add
OD (R)	-01.00			
OS (L)	-01.00			
<input type="checkbox"/> With Prism	Prism 1	Base 1	Prism 2	Base 2
Prism (R)		-		-
Prism (L)		-		-

**Edit RX**

Distance PD*		Near PD		Height	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
(RE)mm	(LE)mm	(LE)mm	(RE)mm	(LE)mm	(LE)mm

**Lens Design & Material**

Lens Type: Single Vision ▼ \*

Lens Design: --- Select a Lens Design --- ▼ \*

Lens Material: --- Select a Lens Material --- ▼ \*

**STEP 6:** After selecting the lens and design material, you'll enter the lens coatings and treatments. The options available for selection are shown based on the previous lens and materials selected and will filter options based on availability.

Lens Type: Crizal Sapphire HR

Lens Design: Crizal Sapphire 360

Lens Material: Crizal Previncia

Default Diagnosis: Crizal Rock

Other Diagnosis: Crizal Easy Pro

(Specify ICD Codes separated by a comma) Crizal Alize UV

Crizal Easy (New)

Crizal Easy UV

Crizal SunShield UV

**Lens Coatings**

Crizal UV w/Optifog

Anti-Reflective Manufacturer: Essilor Anti-Fog AR

CZL SSUV Mir Blue

Anti-Reflective Product: --- Select a Product---

Reset

vision without abnormal findings ▼ \*

**STEP 7:** To select an available treatment, click the relevant treatment and it will appear in the "Selected Treatments" box. A comments section is available for tint codes or mirror colors if utilizing an Essilor Lab.

**Available Treatments (click to add)**

- TD2
- TD2 Optifog
- Polish Edge
- High Luster Polish
- No Polish

**Selected Treatments (click to remove)**

**Treatment Comments to the Lab (e.g. Tint or Mirror coating color) - Applies only to treatments**

Specify Base

**STEP 8:** After completing the lens section, you can move on to entering frames information.

**Frame**

A default diagnosis code will be provided if you're not submitting an eye exam claim. You can enter other diagnosis codes as needed in the Other Diagnosis field.

Source Procedure Code **V2025** ▾

[Unable to find your frame? Click here to enter in the information.](#)

Manufacturer:  \*

Brand:  \*

Model:  \*

Color:  \*

Eye Size (mm):  \*

Temple Length (mm):  \*

SKU:

Default Diagnosis: **Z01.00 - Encounter for examination of eyes and vision without abnormal findings** ▾ \*

Other Diagnosis:  
(Specify ICD Codes separated by a comma)

RESET

**STEP 9:** By typing direct data into each field, a drop-down menu will appear with suggested options. You may select your options from the menu or continue to key in the data.



Source Procedure Code

[Unable to find your frame? Click here to enter in the information.](#)

Manufacturer:  \*

Brand:  \*

Model:  \*

Color:  \*

Eye Size (mm):  \*

Temple Length (mm):  \*

SKU:  \*

Default Diagnosis:

Other Diagnosis:  (Specify ICD Codes separated by a comma)

\* Required Fields

**STEP 10:** If you are unable to find the correct model, you can select unable to find your frame and type your selection manually.

**Frame Attributes**

[Unable to find your frame? Click here to enter in the information.](#)

Manufacturer:  \*

Brand:  \*

Model:  \*

Color:  \*

Eye Size (mm):  \*

Temple Length (mm):  \*

SKU:

Import Trace File:

**STEP 11:** Once your frame attributes are entered, upload your trace file for lens only. The standard lens shape information will automatically fill based on your selection unless you've manually entered the information.

**Upload Trace File**

53.00	39.40	17.00	57.20
<b>A Box (mm)*</b>	<b>B Box (mm)*</b>	<b>DBL (mm)*</b>	<b>ED (mm)</b>

Select Standard Shape

Frame Details

Frame Type: --- Select a Frame Type--- \*

Thickness Type: Lab decides best thickness

## STEP 12: Select your frame type.

SKU:

Import Trace File

**Upload Trace File**

53.00

**A Box (mm)\***

Select Standard Shape

Frame Details

Frame Type: --- Select a Frame Type--- \*

- Select a Frame Type---
- Metal Edge
- Metal 1/2 Eye
- Zyl Edge
- Zyl 1/2 Eye
- Grooved Rimless
- Drilled Rimless
- Drill 2 Holes
- Drill 4 Holes
- Drill 6 Holes
- Drill 8 Holes

## STEP 14: Select your frame source.

### Frame

Frame Source: --- Select a Frame Source--- \*

Default Diagnosis: --- Select a Frame Source--- \* Vision without abnormal findings

Other Diagnosis: (Specify ICD Codes separated by a comma)

Patient Supplied

Doctor Supplied

\* Required Fields

Click "Next page" to validate the information above. Data will be lost if you leave this page before correcting errors and clicking "Next Page."

**Next Page**

If the frame is patient supplied, the patient has brought their own frame and the benefit can't be used. If doctor supplied, the frame benefit can be utilized.

**STEP 15:** After selecting next page, you'll be taken to the usual charges page. This section requires you to input in-store retail prices.

### Enter Usual Charges

Please enter your Usual Charges for each of the following services. If your usual charge is \$0, please also check the "Permit \$0 Charge" box.

Enter the patient's account number from your practice management system, if desired.

Patient Account Number:

Vision Care Service or Material	Usual Charge	Permit \$0 Charge?
Frame, Deluxe	<input type="text" value="150.00"/>	<input type="checkbox"/>
Single Vision Lens	<input type="text" value="50.00"/>	<input type="checkbox"/>
Digital Lens	<input type="text" value="40.00"/>	<input type="checkbox"/>
Lens, polycarbonate or equal, any index, per lens	<input type="text" value="40.00"/>	<input type="checkbox"/>
Photo Plastic	<input type="text" value="100.00"/>	<input type="checkbox"/>
Edge Polish - Regular and High Luster	<input type="text" value="45.00"/>	<input type="checkbox"/>
Premium A/R - Tier 3	<input type="text" value="200.00"/>	<input type="checkbox"/>
Backside UV Treatment	<input type="text" value="15.00"/>	<input type="checkbox"/>

**STEP 16:** When done entering usual retail charges, select next page. Here, the total charges and member out-of-pocket responsibility will be shown.

### Point of Sale

Below are the member payments for each service you are providing to this member.

**Although the other fields are blank, you'll still receive payment at your normal contracted rates. Exact payment information will be populated once the claim is processed.** To calculate payment in the meantime, you can visit [EyeMed inFocus](#) to download your contract and fee schedules.

Vision Care Service	Total Charges	Contractual Write-Off	Covered Charges	EyeMed Payment	Member Resp
Frame, Deluxe	\$150.00				\$0.00
Single Vision Lens	\$50.00				\$0.00
Digital Lens	\$40.00				\$32.00
Lens, polycarbonate or equal, any index, per lens	\$40.00				\$40.00
Photo Plastic	\$100.00				\$75.00
Edge Polish - Regular and High Luster	\$45.00				\$36.00
Premium A/R - Tier 3	\$200.00				\$160.00
Backside UV Treatment	\$15.00				\$15.00
<b>Subtotal</b>	<b>\$640.00</b>				<b>\$358.00</b>
<b>CHARGE BACKS</b>					
<b>Total</b>	<b>\$640.00</b>				<b>\$358.00</b>

The sales tax is a calculation of the sales tax rate applied to the lab service charge, and the use tax rate applied to the market value of the base lens. The sales tax is paid to the lab on your behalf.

Under member responsibility the total member out-of-pocket cost is shown. Please verify the member accepts their out-of-pocket costs before submitting the claim. Then, submit the claim.

**STEP 17:** Once submitting the claim, you'll see the benefits summary. Here you can view retail price, contractual write-off, plan payment and member payment.

Claims are always paid based on the actual transaction details and the eligibility as of the date of service. They're paid in a first-in, first-out basis. You should expect to receive payment within 7 business days after the claim is completed and lab information is returned.

### Benefits Summary

Vision Care Service	Total Charges	Contractual Write-Off	Covered Charges	EyeMed Payment	Member Resp
Frame, Deluxe	\$120.00	\$24.00	\$0.00	\$72.00	\$24.00
Single Vision Lens	\$75.00	\$15.00	\$0.00	\$45.00	\$15.00
Premium A/R - Tier 1	\$20.00	\$4.00	\$0.00	\$12.00	\$4.00
Routine Exam, Comprehensive	\$40.00	\$10.00	\$0.00	\$30.00	\$0.00
Refraction - Routine	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Uv Lens/Es	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Subtotal</b>	<b>\$255.00</b>	<b>\$53.00</b>	<b>\$0.00</b>	<b>\$159.00</b>	<b>\$43.00</b>
Tax					
<b>Total</b>	<b>\$255.00</b>	<b>\$53.00</b>	<b>\$0.00</b>	<b>\$159.00</b>	<b>\$43.00</b>

### Frames Data

[Show Details](#)[Hide Details](#)

Frame Information	
Manufacturer	Luxottica
Brand	Ray-Ban
Model	RB2027
Color	BLUE ON BLACK
Temple Length	130
Eye Size	62
SKU	

Progressive lens calculations are estimated at pricing and will be finalized on the remittance.

**STEP 18** Once your claim is submitted, the below section will auto-populate.

Lab Material Selections	Charge Backs
Digital Single Vision	
Single Vision	
Single Vision Poly	
Single Vision Non-Glass Photo Group 2	
Roll Edge	
AR Lab Group H	
UV AR Backside	
<b>Total:</b>	

**STEP 19:** From here, you will be able to verify your from information and order the frame.

## Frame/Lens Lab Order Summary

<b>E-order#:</b>	<b>Shipping Info:</b>	<b>Lab:</b>
<b>Submitted:</b>	<b>Acct# 51260</b>	Omega Dallas
	1861 TOWNE PARK DR	13515 North- Stemmons Frwy
	Troy, OH 45373	Dallas, TX 75234
	111-111-1111	800-366-6342

Lens Prescription											
	Sph.	Cyl.	Axis	Add.	Prism1	Base1	Prism2	Base2	Dist. PD	Near PD	Height
R	-1.00	0.00	0	0.00					30.00		18.00
L	-1.00	0.00	0	0.00					30.00		18.00

Lens Information				Job Type: Frame To Come
<b>Right Lens</b>	Thick.	Dia. 99	Treatments	
Design	Essilor Eyezen+ 2 (Enter Height)		Roll Edge	
Material	Poly Transitions 8 Graphite Green		Crizal Previncia	
<b>Left Lens</b>	Thick.	Dia. 99		
Design	Essilor Eyezen+ 2 (Enter Height)			
Material	Poly Transitions 8 Graphite Green			

Treatment Comments				Frame Source: Doctor Supplied
<b>Frame Information</b>				<b>Shape:</b>
Manufacturer	Luxottica	A Box	53.00	
Brand	COACH	B Box	39.40	
Model	HC5111	DBL	17.00	
Color	LIGHT GOLD	ED	57.20	
Temple Length	140			
Eye Size	53			
SKU	725125369367			
Frame Type	Metal Edge			

**STEP 20:** After verifying your information, select order confirmation.



**STEP 21:** A PDF document of your order confirmation will be produced. Download the PDF and print a copy. Once printed, wrap around the selected frame and submit it to your lab of choice for production.

### ORDER CONFIRMATION



**E-order #:** SP10UU0B  
**Submitted:** 03-08-2023 11:16 AM

\*SP10UU0B\*

**Shipping Info:**  
**Acct#** TEST123  
 1861 TOWNE PARK DR  
 Troy, OH 45373  
 111-111-1111

**Lab:**  
 21st Century Optics  
 4700 33rd Street  
 Long Island City, Netherland Antilles  
 11101