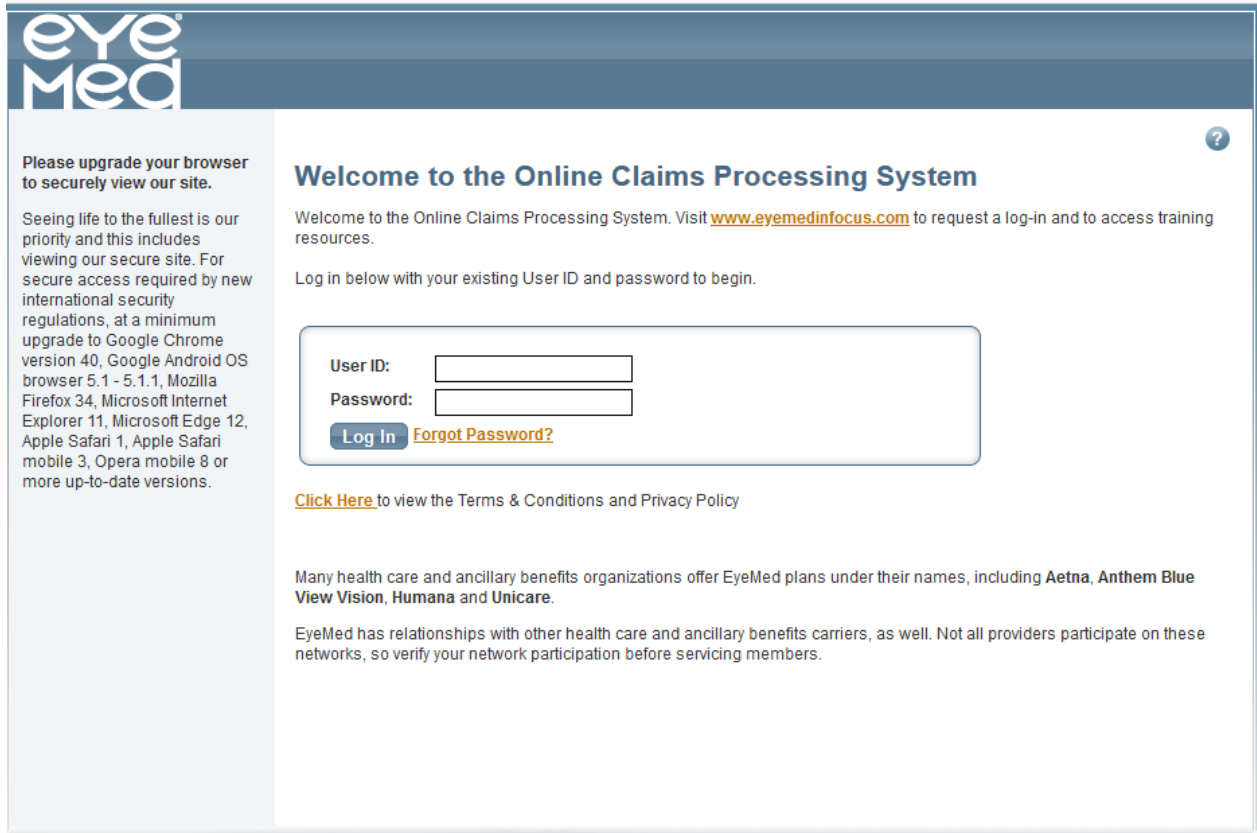




User Guide
How to
Submit a
SightProtect
Transaction

How to Submit a SightProtect transaction

- Navigate to the online claims portal
- Login utilizing the User ID and Password provided to you



The screenshot shows the login page for the EyeMed Online Claims Processing System. The page features the EyeMed logo in the top left corner. A blue header bar contains the logo and a help icon (question mark) in the top right. The main content area is white and contains the following elements:

- Browser Upgrade Notice:** A grey sidebar on the left contains text advising users to upgrade their browser for security.
- Welcome Message:** A heading "Welcome to the Online Claims Processing System" is followed by a paragraph welcoming users and providing the URL www.eyemedinfoocus.com.
- Login Instructions:** A paragraph instructing users to log in with their existing User ID and password.
- Login Form:** A white box with a blue border containing two input fields labeled "User ID:" and "Password:", a "Log In" button, and a "[Forgot Password?](#)" link.
- Terms & Conditions:** A link "[Click Here](#)" to view the Terms & Conditions and Privacy Policy.
- Plan Information:** A paragraph stating that many health care organizations offer EyeMed plans under names like Aetna, Anthem Blue View Vision, Humana, and Unicare.
- Network Participation:** A paragraph noting that EyeMed has relationships with other health care carriers and that not all providers participate on these networks.

Lab Registration

- If this is your first time utilizing the online claims portal for lab order submission, you will need to register for a lab.
 - On the left panel is the navigation menu
 - Select “Manage My Profile”
 - Select “Lab Registration”
- You should see the below screen, “Lab Registration”

eyeMed
Welcome ESSILOR DM | Log Out

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

- Select your Tax Entity from the drop down
- Select your Location from the drop down
- Click the “View Lab Accounts” button

eyeMed
Welcome ESSILOR DM | Log Out

Lab Registration ?

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

Location Information

Tax Entity ESSILOR SAFETY TEST - [REDACTED]

Location 4900 FIELDS ERTEL RD, CINCINNATI, 45249 [REDACTED]

View Lab Accounts

- A list like the below will be returned if there are labs associated to your account.
 - Enabled: Active account and can submit lab orders to that lab
 - Disabled: Inactive account and lab cannot be used until enabled

- You can select “Change” to move a disabled lab to enabled
- If the lab you want to use is in the list and enabled, move to “Member Search”
- If you need to register with a lab, click on “Create New ELOA Lab Account”

Bell Optical	Columbus,OH	[REDACTED]	[REDACTED]	Commercial 2 Commercial VCP 2 Safety 1 Safety 2 Safety 3 Safety 4 Safety 5 Safety 6 Safety 7 Commercial 1 Commercial VCP 1	Enabled (Change)
Bell Optical	Huntington,WV	[REDACTED]	[REDACTED]	Commercial 1 Commercial 2 Commercial VCP 1 Commercial VCP 2 Safety 1 Safety 2 Safety 3 Safety 4 Safety 5 Safety 6 Safety 7	Disabled (Change)

Showing 1 to 5 of 5 registered lab accounts

Click the Create New ELOA Lab Account button to set up a new ELOA account with an Essilor ELOA lab. To set up accounts for other labs, call the lab to create the lab account, then return to the Lab Registration page to enable the lab account (please allow at least 24 hours for the lab account to be visible).

[Create New ELOA Lab Account](#)

- Participating labs will be listed and available for selection
- Select the lab you want to register with and click “Continue Account Setup”

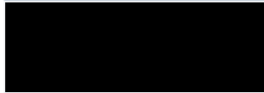
<input checked="" type="radio"/>	Duffens Optical	Lenexa	KS	Commercial 1 Commercial 2 Commercial VCP 1 Commercial VCP 2 Safety Safety 1 Safety 2 Safety 3 Safety 4 Safety 5 Safety 6 Safety 7
<input type="radio"/>	Meridian Optical Laboratory	Phoenix	AZ	Commercial 1 Commercial 2 Commercial VCP 1 Commercial VCP 2 Safety 1 Safety 2 Safety 3 Safety 4 Safety 5 Safety 6 Safety 7
<input type="radio"/>	Bartley Optical	Azusa	CA	Commercial 1 Commercial 2 Commercial VCP 1 Commercial VCP 2 Safety 1 Safety 2 Safety 3 Safety 4 Safety 5 Safety 6 Safety 7

Showing 1 to 10 of 48 labs

- You should see the screen below
 - Enter all necessary information
 - Select the "I Accept" box
- Click "Submit Account Creation"



Shipping Information




Billing Information

Tax ID: [Redacted]
 Legal Entity Name: ESSILOR SAFETY TEST - DM
 Business Owner:
 Address: [Redacted]

Additional Information Required for Account Creation

Legal Entity Type: Corporation *
 Business Owner First Name: Test *
 Business Owner Last Name: Test *
 Billing/Shipping E-mail Address: TIN@TINEMAIL.COM *
 Billing/Shipping Contact First Name: Test *
 Billing/Shipping Contact Last Name: Test *
 Billing/Shipping Contact Phone: 111 - 111 - 1111 *

* Required Fields

ESSILOR REQUIRED SIGNATURE 

I Accept Name:

By clicking "I Accept" you represent, agree and acknowledge as follows: (1) you have read, understand and agree to be bound by the Terms and Conditions; (2) you have full authority to bind the business, entity and/or individual(s) indicated in your application to the [Terms and Conditions](#) including the terms of the Personal Guaranty; (3) you consent to the electronic exchange of information and approvals in this transaction and intend to be bound thereby; and (4) you agree and consent that EyeMed Vision Care, LLC and /or its related entities, as applicable ("EYEMED") is not a party to and has no responsibility or obligation to BUYER as it relates to these Terms and Conditions.

Some documents on this page require Adobe Acrobat Reader. If you do not have Acrobat Reader, you can [download it for free](#).

Submit Account Creation Cancel

- If successful, you will see the account number returned with a message stating it was created successfully
- If an error is returned, you will need to contact the lab directly to setup the account

Create Account

Below you can search for an existing account or create a new account based on the location and billing
Note: To register for independent and partner labs, contact the selected lab by phone to create a new a phone numbers are available in the provider manual, or call Essilor at 888.889.9680 or Walman at 877

Information on this page will be used by the lab to set up a direct pay account with the lab that's not EyeMed. You won't be billed by the lab for materials initially ordered through our online claims system

Lab Information

Duffens Optical
Lenexa , KS
[REDACTED]

Shipping Information

[REDACTED]
123-456-789

Billing Information

Tax ID:
Legal Entity:
Business Classification:
Address:

Create Account

Account [REDACTED] created successfully.

OK

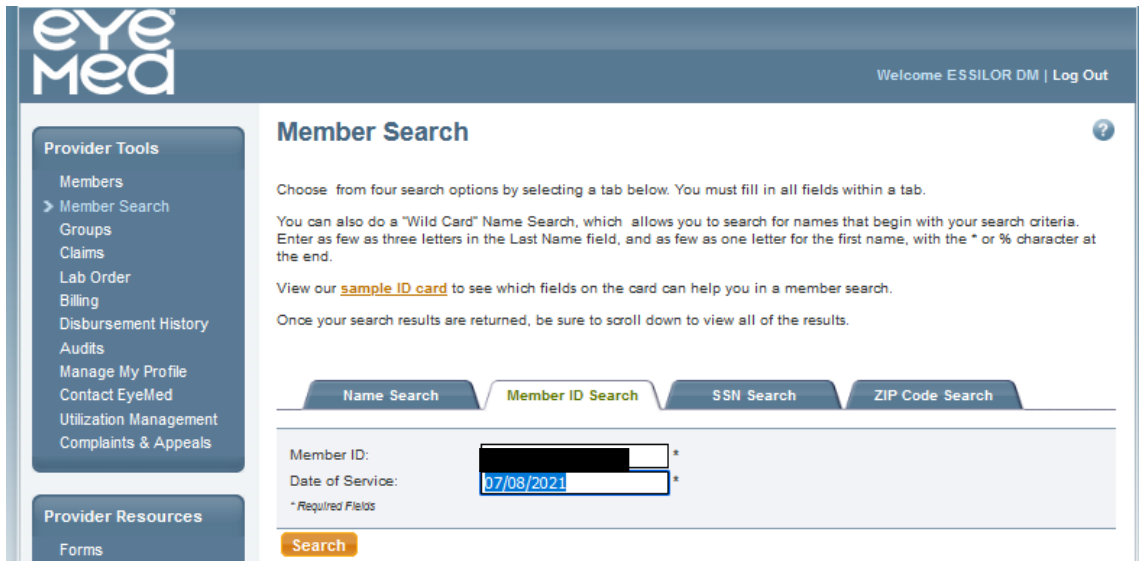
Additional Information Required for Account Creation

Member Search

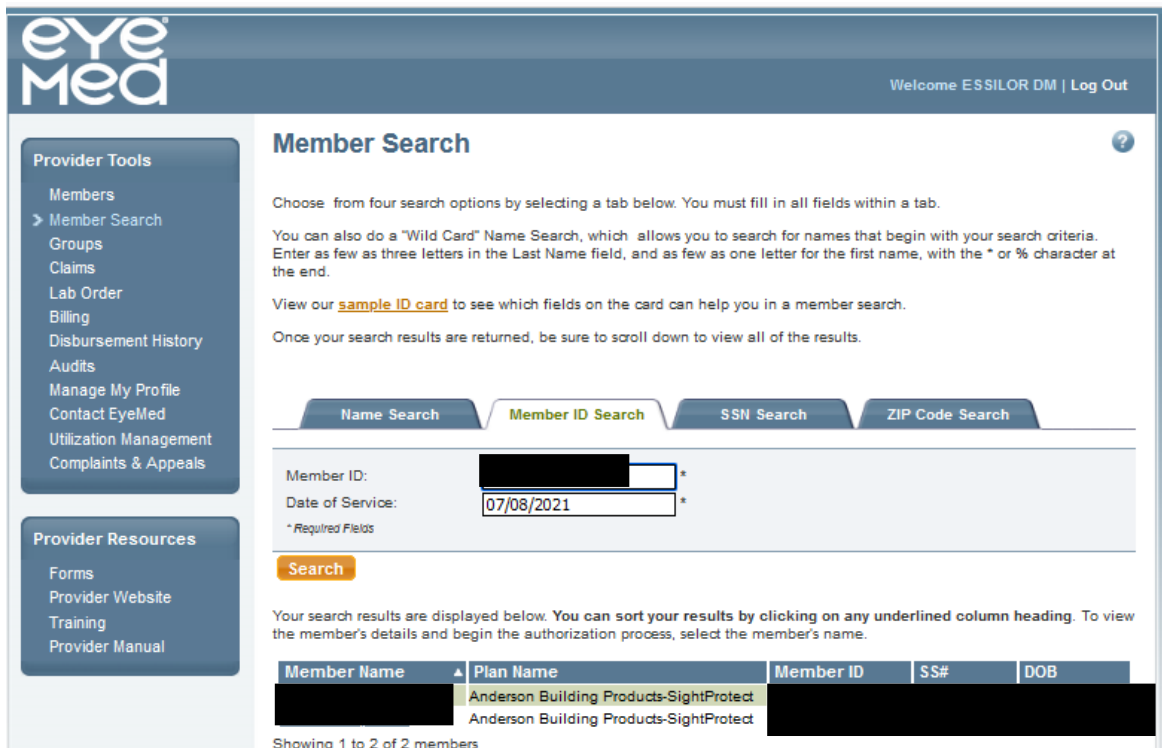
- In the Navigation pane, select “Member Search”
- You can search by member in two ways:
 - Enter the following details into the associated fields on the “Name Search” tab
 - All fields are required
 - Last Name
 - First Name
 - Date of Birth
 - Date of Service

The screenshot shows the EyeMed Member Search page. On the left is a navigation pane with 'Member Search' selected. The main content area has a 'Member Search' header and instructions. Below the instructions are four tabs: 'Name Search' (active), 'Member ID Search', 'SSN Search', and 'ZIP Code Search'. The 'Name Search' tab contains four required input fields: 'Member's Last Name', 'Member's First Name', 'Date of Birth', and 'Date of Service', each with an asterisk indicating it is required. A 'Search' button is located below the fields.

- If you know the Member’s ID, you can click on “Member ID Search” tab
 - Enter Member ID
 - Enter Date of Service



- Click “Search”
- Members will be returned at the bottom of the screen
- Click on the appropriate member
 - Make sure to choose the member record associated with the Plan Name that includes “SightProtect”



- You should see the member details screen, which includes eligibility information.
 - For SightProtect, you must submit the frame and lens together
 - Select frame and lens, then Click “Submit Claim”

From the tabs below, select the type of benefit you will be providing, then check the box(es) next to the applicable service(s). You will not receive an authorization for this member. Instead, simply click Submit Claim to start the claim process.

- **Routine** refers to routine vision benefits, including eye exams, lenses, frames and contact lenses.
- **Medical** refers to benefits for medical eye care services, including diabetic eye care.
- **Additional Purchases** will calculate member payments on additional pairs of glasses and other materials members receive discounts on so you can determine member out-of-pocket costs.

To learn more, download our [Member Benefits Display Job Aid](#).

Location [REDACTED]
Provider [REDACTED]
Date of Service: 07/08/2021

Routine

	Service	Member is Eligible?	Member Eligible As Of*	Service Frequency
<input checked="" type="checkbox"/>	Lenses	Yes	05/21/2021	Once every 12 months from the date of service
<input checked="" type="checkbox"/>	Frame	Yes	05/21/2021	Once every 12 months from the date of service

Order entry

- Frame source will always be “Lab Supplied”
- Select the lab account you will be utilizing by clicking on the link “Choose Lab”
 - You can change this by clicking on the link “Change Lab” if needed
- Job Type will default to “Lab Supplied Safety”
- Frame Package will default to “Safety”

Frame

Enter the safety frame information below.

Frame Source:	Lab Supplied	*
Default Diagnosis:	Z01.00 - Encounter for examination of eyes and vision without abnormal findings	*
Other Diagnosis: (Specify ICD Codes separated by a comma)	<input type="text"/>	

* Required Fields

Lens

Select a laboratory and job type from the drop-down menus. Enter the patient's prescription, then select the lens type and materials you would like to order. You will then provide details about the frame. For lens only orders, upload a trace file.

Read [here](#) for client-specific requirements for the EyeMed Safety Eyewear Program. Verify these requirements any time you're filing a safety eyewear claim.

Select a laboratory and job type from the drop-down menus. Enter the patient's prescription, then select the lens type and materials you would like to order. You will then provide details about the frame. For lens only orders, upload a trace file.

Laboratory Information		
Name:	Duffens Optical	
Account:	<input type="text"/>	
Ship To:	<input type="text"/>	
	Change Lab	
Job Type:	Lab Supplied Safety	*
Frame Package:	Safety	*

Prescription Information

- Proceed by entering the prescription details
- Select the Frame Model, Color and Eye Size if applicable.
- You will see one of two messages:
 - Frame is temporarily out of stock (message returns in red)
 - You will need to select a different frame
 - Frame is in stock (message returns in green)

- You can proceed to the lens selection

Prescription Information

* Required Fields [Instructions](#)

	Sphere *	Cylinder	Axis	Add
OD (R)	+00.25			
OS (L)	+00.25			
With Prism	Prism 1	Base 1	Prism 2	Base 2
Prism (R)		-		-
Prism (L)		-		-

Edit RX

Distance PD*		Near PD		Height	
33.00		33.00		18.00	
(RE)mm	(LE)mm	(RE)mm	(LE)mm	(RE)mm	(LE)mm

Frame Package Attributes

Model: armouRx 4000 *

Color: BROWN ORANGE *

Eye Size (mm): 57 *

Temple Length (mm): 125 *

SKU: 882020007036 *

Frame is temporarily out of stock

Frame Package Attributes

Model: FGX GRXS02 *

Color: GREY *

Eye Size (mm): 54 *


Temple Length (mm): 127 *

SKU: 193033069158 *

Frame is in stock

- Select lens type, manufacturer and lens materials from the associated drop downs.
- Select any treatments or coatings
 - From the available treatments box, you will need to select “Side Shields” for any member whose employer has indicated side shields as required.
 - This should be on the form provided to the employee and presented at time of visit.
- Click “Next Page”

Lens Design & Material

Lens Type: * 

Lens Design: *

Lens Material: *
Index 1.5

Default Diagnosis: *

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

Lens Coatings & Treatments

Anti-Reflective
Manufacturer:

Anti-Reflective Product:

Available Treatments (click to add)

Selected Treatments (click to remove)

Frame Details

Thickness Type:

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](#)

Usual and Customary

- Enter retail for each service.
- Please note:
 - Frame retail is pre-populated based on chosen Frame SKU

- You cannot select “Permit \$0 Charge” for the SightProtect program. You need to enter a valid retail for all services.
- When finished, click “Next Page”

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	59.95	<input type="checkbox"/>
Single Vision Lens	100.00	<input type="checkbox"/>
Uv Lens/Es	100.00	<input type="checkbox"/>
Premium A/R - Tier 3	100.00	<input checked="" type="checkbox"/>

[Next Page](#) [Previous Page](#)

Point of Sale

- This screen provides the Member Responsibility details.
- Review all details, and if correct, click “Submit Claim”
- To correct errors, you have several options
 - “Back to Claim Entry”
 - “Back to U&C”
 - “Delete Claim”
- Refer to the “Member Resp” column for the amount you should collect from the member

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	\$59.95				\$0.00
Premium AVR - Tier 3	\$100.00				\$65.00
Single Vision Lens	\$100.00				\$0.00
UV Lens/Es	\$100.00				\$0.00
Total	\$359.95				\$65.00

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.

Below is a summary of the lab charges associated to each lab material selection. Once the claim has been processed, you can view your lab charges for each lab material you selected. You can also find these in our [Charge Back Schedule](#).

Lab Material Selections	Charge Backs
Lab Supplied Frame - Group 01	
Single Vision	
AR Lab Group K	
UV AR Backside	
Total:	

Frame/Lens Lab Order Summary


E-order#:
Submitted:

Shipping info:
Acct#

Lab:
Bell Optical

Lens Prescription											
	Sph.	Cyl.	Axis	Add.	Prism1	Base1	Prism2	Base2	Dist. PD	Near PD	Height
R	0.25	0.00	0	0.00					33.00		18.00
L	0.25	0.00	0	0.00					33.00		18.00

Lens Information				Job Type: Lab Supplied Safety
Right Lens	Thick.	Dia. 99	Treatments	
Design	Single Vision		Side Shields	
Material	Plastic 1.50 Uncoated		Crizal Rock	
Left Lens	Thick.	Dia. 99		
Design	Single Vision			
Material	Plastic 1.50 Uncoated			

Treatment Comments				
Frame Information				Frame Source: Lab Supplied
Manufacturer		A Box	54.00	Shape: 
Brand	Safety	B Box	35.00	
Model	FGX GRXS02	DBL	16.00	
Color	GREY	ED		
Temple Length	127			
Eye Size	54			
SKU	193033069158			
Frame Type				

Click the Submit Claim button to submit the claim for processing.

[Submit Claim](#)
[Back to Claim Entry](#)
[Back to U&C](#)
[Delete Claim](#)

- If you've selected "Submit Claim" you should see the "Benefit Summary" screen

Benefits Summary

- The Benefit Summary page details the estimated reimbursement as well as the estimated chargeback amounts.
 - These values are estimates until the transaction is processed.
- You can also locate your order number under the Frame/Lens Lab Order Summary

Benefits Summary

Vision Care Service	Total Charges	Contractual Write-Off	Covered Charges	EyeMed Payment	Member Resp
Frame, Deluxe	\$59.95	\$29.98	\$0.00	\$29.97	\$0.00
Premium A/R - Tier 3	\$100.00	\$0.00	\$0.00	\$35.00	\$65.00
Single Vision Lens	\$100.00	\$70.00	\$0.00	\$30.00	\$0.00
Uv Lens/Es	\$100.00	\$100.00	\$0.00	\$0.00	\$0.00
Total	\$359.95	\$199.98	(\$99.98)	(\$5.01)	\$65.00

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.

Below is a summary of the lab charges associated to each lab material selection. Once the claim has been processed, you can view your lab charges for each lab material you selected. You can also find these in our [Charge Back Schedule](#).

Lab Material Selections	Charge Backs
Lab Supplied Frame – Group 01	\$29.98
AR Lab Group K	\$70.00
UV AR Backside	\$0.00
Total:	\$99.98

Frame/Lens Lab Order Summary

E-order#: SP10TH3N
Submitted: 07/12/2021 1:10 PM

Shipping Info:
Acct# [REDACTED]

Lab:
 Bell Optical
 [REDACTED]

****This is for training purposes only, reimbursements above are not an indication of your reimbursement amount. Please reference your contract for exact amounts. If you have questions or need assistance please call us at 888.581.3648 or visit eyemedinfocus.com/sightprotect.**