VisionCare Plan
A CompBenefits Company
1511 N. Westshore Blvd.
Tampa, FL 33607

WHITE STOCK

Forwarding Service Requested

TEST

20071129028O TE

Provider Name
Provider Address Information
Provider Address Information
Provider Address Information

A

Customer Service
For VCP call (800) 865-3676 For Primary Plus call (800) 393-2873

Facility Federal Tax ID:
Check Number:
Check Date:

Appeals or Requested information must be received within 60 days from the date of the Explanation of Payment

PAYMENT SUMMARY

Doctor	Remark Code	Exam or Contacts	Dispensing	Co-pay	Discount	Options	Lenses	Frames	Interest/Sales Tax	Net Paid

B

VISION CARE PLAN DETAIL

Date of Service	Remark Code	Exam or Contacts	Dispensing	Co-pay	Discount	Options	Lenses	Frames	Interest/Sales Tax	Net Paid
Vision Pass Number:		Patient Name:			Provider:				Group Number:	
Vision Pass Number:		Patient Name:			Provider:				Group Number:	
Doctor Totals :										
Doctor Totals :										

C

Check Totals:									

A **Provider Information**
Section A indicates voucher information.
* Facility Federal Tax ID
* Check Number
* Check Date

B **Payment Summary**
Section A indicates a summary of the detail information separated by Provider.

C **Description of Service Provided and Amounts Payable by Plan.**
Section C includes the information that the provider receives about the Vision Pass Numbers.

Incurred Dates: Date the service was rendered.
Remark Code: Code for service.
Exam or Contacts: The actual amount being charged for the service rendered.
Co-pay: Amount of co-pay paid by patient.
Discount: Set discount amount for set services.
Interest/Sales Tax: Amount of interest/sales tax paid.
Payment: Amount payable by the plan after provider discounts, total patient costs (copays and deductibles) amounts have been applied.

VOID