

ACTIVATING THE RAY-BAN LAB

1. Log onto EyeMed

Select “Manage my Profile” then “Register for labs” under Lab Account Information.

2. Find ECP location

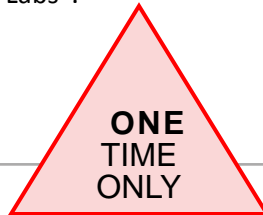
Address	City	State	Zip	Has Lab Account?
7192 EDINGER AVE	H		705	Yes
305 N PECOS RD	H		752	Yes
1206 S MAIN ST	B		741	Yes
6785 WALLINGS RD	N		724	Yes
<input checked="" type="checkbox"/> 1861 TOWNE PARK DR	T		767	Yes
<input type="checkbox"/> 335 CAVES HWY	C		704	Yes
<input type="checkbox"/> 1022 NW SIXTH ST	G		714	Yes

Check the box for ECP location, this will highlight the lab registration options.
Select “Set up Other Labs”.

3. Activate Ray-Ban lab

Lab Name	Lab City	Lab State	Lab Phone	Terms and Conditions
<input checked="" type="checkbox"/> RayBan (LLS)	Dallas	TX	855-522-4645	View

Check the box for Ray-Ban LLS.
View T & C and check the confirmation box.
Select “Activate Labs”.
A pop-up will confirm the lab has been added.



ACTIVATING THE RAY-BAN LAB (continued)

4. Confirm activation

eyeMed

Welcome [redacted] Log Out

Lab Registration

Below is a list of locations associated with this login. To view labs associated to a location, click on the "Yes" to begin setup of a lab account, select address(es) and click "Set Up Account."

Address	City	State	Zip	Has Lab Account?
<input checked="" type="checkbox"/> 1861 TOWNE PARK DR				Yes

Showing 1 location

Lab Registration Options

[Set Up Essilor Labs](#): Essilor lab network for standard patient orders
[Set Up Other Labs](#): Additional labs available for standard, Exchange and Medicaid patient orders
[Set Up EX Labs](#): Essilor lab network for Exchange and client-specific patient orders
[Set Up Essilor Medicaid Labs](#): Essilor lab network for Medicaid patient orders

[Set Up Essilor Labs](#) [Set Up Other Labs](#) [Set Up EX Labs](#)

5. Success!

Registered Labs

Luxottica Lab Services Dallas	TX	1861 TOWNE	04/01/2013	
RayBan (LLS)	Dallas	TX	1861 TOWNF	05/01/2018

RayBan (LLS) will be listed under the registered labs for your location.

Select "Yes" under Has Lab Account?



PLACING AN ORDER

1. Validate Member Benefit

From the tabs below, select the type of benefit you will be providing, then check the box(es) next to them that 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 and discounts on so you can determine member out-of-pocket costs.

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

Select a location below to determine service eligibility and submit a claim.

Location: *
* Required Fields

Related Members

Below are other members covered under the same subscriber ID. Select the member name to start a claim.

Member Name	Group Name	Member ID	S
[Redacted]	[Redacted]	[Redacted]	[Redacted]

Showing 1 to 2 of 2 family members

Member Benefits

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Location: 1861 TOWNE PARK DR. (Change)
 Provider: [Redacted]
 Date of Service: 08/28/2018

	Service	Member is Eligible?	Member Eligible As Of*	Service Frequency
<input type="checkbox"/>	Exam	Yes	01/07/2016	Once every calendar year
<input checked="" type="checkbox"/>	Lenses	Yes	01/07/2016	Once every 2 calendar years
<input checked="" type="checkbox"/>	Frames	Yes	01/07/2016	Once every 2 calendar years
<input type="checkbox"/>	Contact Lenses	Yes	01/07/2016	Once every 2 calendar years
<input type="checkbox"/>	Contact Lens Fit & Follow-up	Yes	01/07/2016	Unlimited

2. Make Lab Selection

Laboratory Information

Prescription Information

Select a Lab

Name: Omega Dallas
Account: 051132
Ship To: 1861 TOWNE PARK DR. [Redacted]
Name: RayBan (LLS)
Account: 21137892
Ship To: 1861 TOWNE PARK DR. [Redacted]
Name: Select Optical
Account: 02676
Ship To: 1861 TOWNE PARK DR. [Redacted]

Log onto EyeMed.

Select store location via dropdown.

Search and select desired patient.

Select "Check Eligibility".

Confirm patient is eligible for lens and frames benefit.

Select "Submit Claim".

Select "Ray-Ban (LLS)".

Select "Continue".

PLACING AN ORDER (continued)

3. Enter Order Information

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)

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.

Laboratory Information

Name: RayBan (LLS)
 Account: [Redacted]
 Ship To: 1861 TOWNE PARK DR [Redacted]
[Change Lab](#)

Job Type: --- Select a Job Type ---

Prescription Information

* Required Fields [Instructions](#)

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

[Continue Lens Order Entry](#)

Frame

Frame Source: Patient Supplied
 Default Diagnosis: Z01.00 - Encounter for examination of eyes and vision without abnormal findings
 Other Diagnosis: (Specify ICD Codes separated by a comma)

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](#)

Distance PD*	Near PD	Height
30.00 (RE)mm	30.00 --- Select a Lens Design ---	18.00 E)mm (LE)mm

Lens Design & Material

Lens Type: Ray-Ban SV
 Ray-Ban DST SV (Blue)
 Ray-Ban DST SV
 Ray-Ban DST SV Cl for Sun
 Ray-Ban DST SV Sun

Lens Design: --- Select a Lens Design ---
 Lens Material: --- Select a Lens Material ---

Lens Coatings & Treatments

Anti-Reflective Manufacturer: Other Manufacturer
 Anti-Reflective Product: RayBan Premium+ AR

Available Treatments (click to add):
 Selected Treatments (click to remove):

Frame Attributes

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

Manufacturer: [Field]
 Brand: [Field]
 Model: [Field]
 Color: [Field]
 Eye Size (mm): [Field]
 Temple Length (mm): [Field]

RESET

Choose job type, either FTC or LO.

Enter RX information.

Select "Continue Lens Order Entry"

Select "Patient Supplied" for frame source and click "Next Page".

Select lens type, design and material from dropdowns.

Select AR. THIS IS A REQUIREMENT.

Enter frame information, this might self-populate.

PLACING AN ORDER (continued)

4. Enter Usual and Customary

Manage My Profile
Order Lenses
Contact EyeMed

Provider Resources

Forms
inFocus Link
Training
Provider Manual
FAQs - Claims and Payments

Claim Information

Date of Service: 05/18/2017
 Location: 4000 LUXOTTICA PLACE, MASON, 45040 (A18812)
 Provider ID: A14969
 Provider Name: PROVIDER, KOF TEST (A14969)
 Claim Number: 99813661523
 Authorization Number: 9320339326
 Claim Status: **Not Submitted**

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.

Vision Care Service or Material	Usual Charge	Permit \$0 Charge?
DELUXE FRAME	200.00	<input type="checkbox"/>
SPHERE, SINGLE VISION	55.00	<input type="checkbox"/>
MID INDEX (1.56)	124.00	<input type="checkbox"/>
PREMIUM AR TIER2	80.00	<input type="checkbox"/>
NOT OTHERWISE CLASSIFIED	30.00	<input type="checkbox"/>
DIGITAL SINGLE VISION	30.00	<input type="checkbox"/>

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

Enter charges based on suggested retail pricing

Not Otherwise Classified refers to Etched lenses for Clear or Inlaid/Etched lenses for Sun.

Enter "\$30.00" for the U&C.

Select "Next Page"

Point of Sale

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

Vision Care Service	Usual Charge	Discount	Total Payment to Provider	EyeMed Reimbursement to Provider	Calculated Member Payment
DELUXE FRAME	\$200.00	\$94.45	\$105.55	\$65.55	\$40.00
SPHERE, SINGLE VISION	\$55.00	\$42.00	\$13.00	\$13.00	\$0.00
MID INDEX (1.56)	\$124.00	\$24.80	\$99.20	\$0.00	\$99.20
PREMIUM AR TIER2	\$80.00	\$12.00	\$68.00	\$45.00	\$23.00
NOT OTHERWISE CLASSIFIED	\$30.00	\$6.00	\$24.00	\$0.00	\$24.00
DIGITAL SINGLE VISION	\$30.00	\$6.00	\$24.00	\$0.00	\$24.00
Subtotal:	\$519.00	\$185.25	\$333.75	\$123.55	\$210.20
CHARGE BACKS			(\$94.00)	(\$94.00)	
SALES TAX			(\$0.00)	(\$0.00)	
Total			\$239.75	\$29.55	\$210.20

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.

Your sales tax could not be calculated at this time. Tax will be calculated before payment.

Below is a summary of the lab charges associated to each lab material selection.

Lab Material Selections	Charge Backs
SINGLE VISION	\$0.00
AR LAB GROUP Q	\$28.00
SV-PLA (1.60-1.66)	\$42.00
SV DIGITAL LAB GROUP Y	\$24.00
Total:	\$94.00

Review the Member Payment and chargeback values

Submit order.

Wrap job ticket around frame and place in box.

Print ship label (*Provider Tools/Lab Order/Shipping Label*) and send.