

January 2009

DISCOVERY KEYCARE PLUS, LA KEY PLUS & QUANTUM KEYCARE TARIFF FOR 2009 (Iso Leso Bronze Option)

Please use the matrix below to claim directly from Iso Leso for reimbursement. If the tariffs are not used as below, the claim cannot be processed and payment will be delayed until the correct codes and tariff benefit is received by Iso Leso.

BENEFIT REQUIRED	CODE	TARIFF
Vision Examination, Single Vision Lenses and Frame	93200	R500
Vision Examination, Bifocal Lenses and Frame	93300	R800
Vision Examination, Multifocal Lenses and Frame	93400	R1000
Vision Examination and Contact Lenses	93800	R500
Vision Examination only - If no spectacles are clinically required	11001	R280

Each beneficiary is entitled the following benefit over a 24-month cycle from the last date of service commencing on 1 January 2009:

EITHER

one consultation, and one pair of single vision lenses and a spectacle frame to the total value of R500,00;

OR

one consultation, and one pair of flat top bifocal lenses and a spectacle frame to the total value of R800,00;

OR

one consultation, and one pair of multifocal lenses and a spectacle frame to the total value of R1000,00.

OR

one consultation, and contact lenses to the total value of R500,00.

NOTES

1. Each beneficiary is entitled to one claim during a two-year period from the last date of service commencing 1 January 2009.
2. The optometric benefits include a comprehensive vision examination and shall cover all visits by the beneficiary to the original provider for spectacle care during the benefit period.
3. Iso Leso will pay the provider directly, subject to the above benefit structure. Any outstanding balance for lens enhancements must be paid by the member directly to the provider.
4. The above tariff is the maximum limit for the Discovery KeyCare Plus, La KeyPlus and Quantum KeyCare Options.
5. Please use codes as on the Grid on all invoices.
6. Codes 93200, 93300, 93400 & 93800 include the Consultation fee of R280.00.
7. Should the participating patient choose a frame from outside the Bronze Vision Option a discount of R150.00 shall apply to the frame dispensed. The balance shall be payable by the participating patient to the provider.
8. Spectacle lens prescriptions must be included in both paper and electronic claims.
9. Tariffs on the matrix are net – no further discount applies.
10. All tariffs include VAT.
11. Where the member does not clinically require spectacles or contact lenses, the practitioner who conducted the vision examination shall be entitled to a consultation fee of R280.00 subject to available benefits.
12. There shall be no differentiation between glass and plastic lenses or low and high powers.
13. Please indicate ICD 10 codes on all claims.

For any queries please contact the Iso Leso office on 0860 10 30 50 / 60.

Please complete the attached Option To Participate & Registration form if you would like to participate in the contract.

ISO LESO OPTICS LTD (“ISO LESO”)

OPTION TO ELECT TO PARTICIPATE IN THE PARTICIPATING PROVIDER AGREEMENTS TO BE ENTERED INTO BETWEEN ISO LESO AND INDIVIDUAL OPTOMETRISTS IN RELATION TO MEMBERS OF DISCOVERY KEYCARE PLUS, LA KEYCARE PLUS AND QUANTUM KEY PLUS (“the contracts”)

1. **The full versions of the abovementioned contracts shall be placed on the ISO LESO website as soon as they have been finalised.**
2. The contract option form set forth below, which is to be used only if you decide to participate as a provider in the above contracts, must be returned to Iso Leso, Unit 16, Northcliff Office Park, 203 Beyers Naude Drive, Northcliff, 2195; Fax: 011 782 5601.
3. ISO LESO requires each optometrist who does wish to participate in the contracts, to return a signed contract option form.
4. Therefore, if you decide NOT to participate in the contracts, you need not return this contract option form.

To: Iso Leso
Unit 16 Northcliff Office Park
203 Beyers Naude Drive
Northcliff
2195

Fax: 011 782 5601

Please be advised that I DO wish to participate in the contracts referred to above, with effect from the date stated below, the salient terms and conditions of which contracts are attached to this option form and which I have read and accept. **I will inform Iso Leso in writing if I would like to resign from the contract.**

Signature

Print Name

Print Practice Name

Practice Number

Date

Please forward completed registration form to : Isoleso Optics Ltd, P O Box 2127, Cresta 2118, or fax to: 011 782 5601. Alternatively e-mail the completed form to : janie@isoleso.co.za

PRACTICE NAME	
TITLE	
FULL NAMES OF OPTOMETRIST	
SURNAME OF OPTOMETRIST	
PHYSICAL ADDRESS OF PRACTICE	
PROVINCE	
POSTAL ADDRESS OF PRACTICE	
PRACTICE NUMBER	
PRACTICE TEL. NO.	
PRACTICE FAX NO.	
E-MAIL ADDRESS	
HPCSA REG NO. (old SAMDC)	
IDENTITY NUMBER	

BANKING DETAILS *(Please complete in respect of each practice site)*

ACCOUNT NAME	
BANK AND BRANCH	
ACCOUNT NUMBER	
BRANCH CODE	

SIGNATURE: _____

DATE: _____

