

January 2012

DISCOVERY KEYCARE PLUS, LA KEY PLUS & QUANTUM KEYCARE TARIFFS FOR 2012 (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	R550
Vision Examination, Bifocal Lenses and Frame	93300	R880
Vision Examination, Multifocal Lenses and Frame	93400	R1100
Vision Examination and Contact Lenses	93800	R550
Vision Examination only - If no spectacles are clinically required	11001 / 11081	R300

Each beneficiary is entitled the following benefit over a 24-month cycle from the last date of service:

EITHER

one consultation, and one pair of single vision lenses and a spectacle frame to the total value of R550.00;

OR

one consultation, and one pair of flat top bifocal lenses and a spectacle frame to the total value of R880.00;

OR

one consultation, and one pair of multifocal lenses and a spectacle frame to the total value of R1100.00;

OR

one consultation, and contact lenses to the total value of R550.00;

NOTES

1. Each beneficiary is entitled to one claim during a two-year period from the last date of service;
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 R300.00;
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. Please contact your software provider for assistance in this regard;
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 R300.00 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;
14. Claim submission via HealthBridge or Switch will ensure prompt processing of all accounts;
15. The Switch code for QEDI is 125P and MediSwitch users please use the code DHEA0000;
16. Claims older than 4 months from date of service will not be considered for payment.

Please submit all claims in the correct format within the 4-month submission period. Claims older than four months will be rejected due to their stale claim status.

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: info@isoleso.co.za.

PRACTICE NAME	
TITLE	
FULL NAME OF PRACTICE OWNER	
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 and attach a copy of a cancelled cheque and a copy of your ID)*

ACCOUNT NAME	
BANK AND BRANCH	
ACCOUNT NUMBER	
BRANCH CODE	

SIGNATURE: _____

DATE: _____

