

1 January 2012

FEDHEALTH BLUE DOOR TARIFFS FOR 2012

Iso Leso is proud to announce that the Preferred Network Agreement with Fedhealth Medical Scheme's Blue Door Option will continue in 2012. This is a new option that is targeted at students and new graduates.

The benefits for this option are limited to single vision lenses and bifocals only, and are priced as per the Bronze option matrix, using the codes 93200 for single vision and 93300 for bifocal lenses.

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.

ISO LESO BRONZE VISION MATRIX		
BENEFIT REQUIRED	CODE	PRICE
Vision Examination – If no spectacles are clinically required	11001	R300
Vision Examination, Single Vision Lenses and Frame	93200	R550
Vision Examination, Bifocal Lenses and Frame	93300	R880

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;

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 FEDHEALTH BLUE DOOR Option;
5. Please use codes as on the Grid on all invoices;
6. Codes 93200 and 93300 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. There shall be no differentiation between glass and plastic lenses or low and high powers;
12. Please indicate ICD 10 codes on all claims;
13. Claim submission via HealthBridge or Switch will ensure prompt processing of all accounts;
14. Claims older than 4 months from date of service will not be considered for payment;
15. 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;
16. Please contact the Call Centre to get pre-authorization and check benefits before sending in the claim.

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.

Attached is our normal Option to Participate and Registration Form, which has to be signed by providers for each individual contract that Iso Leso administers, if you wish to participate.

Please sign and send back to our Call Centre so we can load your practice on the list of providers.

OPTION TO PARTICIPATE

Please complete the attached Option To Participate & Registration form and fax to the Iso Leso office on 011-782-5601.

ISO LESO OPTICS LTD (“ISO LESO”)

OPTION TO PARTICIPATE AS A PROVIDER IN AGREEMENTS ENTERED INTO BETWEEN ISO LESO AND FEDHEALTH BLUE DOOR TO SERVICE THE MEMBERS OF THE STANDARD AND DELUXE OPTIONS (“the contracts”)

1. ISO LESO requires each optometric service provider who wishes to participate in the above contracts, to sign “The Option to Participate” contract form as set out below. The full versions of these contracts can be viewed on the ISO LESO website.
2. The contract option form set out below, must be signed if you wish to participate as a provider in the above contracts, and returned to Iso Leso, Unit 16, Northcliff Office Park, 203 Beyers Naude Drive, Northcliff, 2195. Please fax the signed copy to: 011 782 5601.

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

Fax: 011 782 5601

Please be advised that I 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 also acknowledge that no claims older than four months after the date of service will be accepted for payment.

I will inform Iso Leso in writing, giving 30 day notice, should I wish to resign from the contract.

Signature

Practice Owners Name

Print Practice Name

Practice Number

Date

Please forward completed document to: Isoleso Optics Ltd, P O Box 2127, Cresta 2118, or fax to: 011 782 5601. Alternatively e-mail the completed document 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)*

ACCOUNT NAME	
BANK AND BRANCH	
ACCOUNT NUMBER	
BRANCH CODE	

PLEASE ATTACH A COPY OF A CANCELLED CHEQUE AND A COPY OF THE PRACTICE OWNERS ID.

NAME: _____

SIGNATURE: _____

DATE: _____

