J. SKLAR MEDICAL BILLING SVC

New York **MEDI-CAID** Claim Form

• P.O. BOX 340 • Valley Stream, NY 11582 • 516-791-5630 •

www.JSKLAR.COM

OPTICALBILLING@GMAIL

MEDIC-AID PROVIDER # or NPI _____ **PROVIDER NAME:** _____

PATIENT: LAST NAME:_____ COMMENT/ HMO NAME:

I.D. # | | | | | - | | | | | **M** **F** **YOB :** | | _____

Replacement Glasses ◯ DATE OF SERVICE ☐☐ ☐☐ ☐☐

EXAMINATION CODES: CIRCLE CODES FOR SERVICES RENDERED:

f1	___	92002	INTERMED. EXAM - *Initial*	-f1	___	92012	INTERMED. EXAM - *Subsequent (after 2yrs)*
f2	___	92004	COMPR. EXAM - *Initial*	-f2	___	92014	COMPR. EXAM - *Subsequent (after 2yrs)*
*** af2	___	99212	**FOLLOW UP** EXAM **Dx. # :** _____	-P	___	92250	FUNDUS PHOTOS
af3	___	99213	**FOLLOW UP** EXAM **Dx. # :** _____	-I	___	**92202**	OPHTHALMOSCOPY
af4	___	99214	**FOLLOW UP** EXAM **Dx. # :** _____	f8	___	920**81**	920**82** 920**83** VISUAL FIELDS-level 1 / level 2 / level 3

SINGLE VISION:	**SPHERES**	
f3 V2100 ___ PL - 4.00	-f7 V2101 ___ 4.25 - 7.00	V2102 ___ 7.25 - 20.00
COMPOUNDS		
f4 V2103 ___ PL - 4.00 = PL - 2.00 CYL	f6 V2107 ___ 4.25 - 7.00 = PL - 2.00	V2111 ___ 7.25- 12.00 = PL - 2.00
f5 V2104 ___ PL - 4.00 = 2.25 - 4.00	V2108 ___ 4.25 - 7.00 = 2.25 - 4.00	V2112 ___ 7.25- 12.00 = 2.25- 4.00
BIFOCALS:	**SPHERES**	
-f 3 V2200 ___ PL -4.00	af7 V2201 ___ 4.25- 7.00	V2202 ___ 7.25- 20.00
COMPOUNDS		
-f4 V2203 ___ PL -4.00= PL -2.00	-f6 V2207 ___ 4.25 - 7.00 = PL - 2.00	V2211 ___ 7 25- 12.00 = PL - 2.00
-f5 V2204 ___ PL- 4.00= 2.25-4.00	V2208 ___ 4.25 - 7.00 = 2.25 - 4.00	V2212 ___ 7.25- 12.00 = 2.25 - 4.00

DISPENSING SERVICES AND MATERIALS

-F V2020 ___ FRAME -D 92340 ___ DISPENSE S.V. -B 92341 ___ DISPENSE BIFOCAL -f10 V2220 ___ ADD > 3.25

aP S0580 ___ POLYCARB -r 92370___ REPAIR OTHER_____ OTHER_____