



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. #

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M F

YOB :

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Replacement Glasses

DATE OF SERVICE

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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 | ___ 92081 92082 92083 | 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
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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

-f3 V2200 ___ PL -4.00	af7 V2201 ___ 4.25- 7.00	V2202 ___ 7.25- 20.00
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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
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PATIENT: LAST NAME: _____

COMMENT/ HMO NAME: _____

I.D. #

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-F V2020 ___ FRAME	-D 92340 ___ DISPENSE S.V.	-B 92341 ___ DISPENSE BIFOCAL	-f10 V2220 ___ ADD > 3.25
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afP S0580 ___ POLYCARB	-r 92370 ___ REPAIR	OTHER _____	OTHER _____
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