

**MEDI-CARE CLAIM FORM**

ACCOUNT NUMBER : \_\_\_\_\_ N.Y. / N.J.

PROVIDER'S NAME : \_\_\_\_\_

CIRCLE ONE: BC/BS-MC / GHI-MC / APHAKIC RX

PATIENT LAST NAME, FIRST, M.I. \* Exactly as on M.C. card \*

BIRTH DATE

SEX

M F

MEDICARE # (Bold Boxes Must Be Numbers)

--	--	--	--	--	--	--	--	--	--	--	--

DATE OF SERVICE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

DIAGNOSIS CODES: (Circle **One** Dx and put **NUMBER** IN BLANK-for which eye, *if* indicated)

RT-1 / LT-2 / OU-3

- |                                    |   |   |
|------------------------------------|---|---|
| H10.45 ALLERGY                     | E11.9 DIABETES w/oc. signs                  | G51.4 MyoKymia                            |
| <b>Z961</b> APHAKIA (PSEUDOPHAKIA) | E11.319 DIABETIC W/O Mac Edema              | H47.21 Optic Atrophy                      |
| H57.1 ASTHENOPIA                   | E11.311 DIABETIC W/ Mac Edema               | <b>H53.14</b> PHOTO PHOBIA                |
| H01.029 Blepharitis                | H53.2 DIPLOPIA                              | H11.15 Pinguecula                         |
| <b>H53.8</b> BLURRING OF VISION    | <b>H04.123</b> DRY EYE (OU)                 | H11.05 Pterygium                          |
| <b>H25.81</b> CATARACT/senile      | H04.21 EPIPHORIA/Lacrimation                | H02.41 Ptosis                             |
| H00.11 Chalazion rt. upper         | <b>H40.05</b> GLAUCOMA (OC. H.T.N.)         | <b>H35.44</b> Retinal Degen/Age related   |
| H11.3 CONJUNCTIVAL Hemorrhage      | H40.11 <u>1</u> GLAUC OPEN ANGLE - Mild     | H35.72 Retinal Detachment                 |
| H10.1 CONJUNCTIVITIS Acute         | H40.11 <u>2</u> GLAUC OPEN ANGLE - Moderate | H35.6 Retinal Hemorrhage                  |
| H10.45 CONJUNCTIVITIS Allergic     | <b>G43.b0</b> HEADACHES / Migraine          | H02.052 Trichiasis                        |
| S05.0_XA CORNEAL Abrasion initial  | <b>H35.03</b> HYPERTENS. w/ OC. SIGNS       | <b>H53.45</b> Visual Field Defect         |
| H18.22 CORNEAL Edema               | H20.2 Iritis                                | <b>H43.39</b> Vitreous Floaters           |
| T15.0_XA CORNEAL Foreign Body      | <b>H35.31</b> Macular DEGEN Sen./dry        | H43.81 Vitreous Detachment                |
| Other Dx. Code:                    | H35.32 Macular Degen Sen./wet               | <b>PUT MORE SPECIFIC CODES IF NEEDED:</b> |
|                                    | H35.36 Macular Drusen                       |   |

EXAMINATIONS CODES: (Circle Code)

NEW PT	ESTAB.PT	FEE	FEE
-f2 92004	92014 COMPREHENSIVE	_____	-F 92250 FUNDUS PHOTO _____
-f1 92002	92012 INTERMEDIATE	_____	-f4 92202 OPHTHALMOSCOPY _____
-f3 99211	FOLLOW UP / BRIEF	_____	-E 92285 EXTERNAL PHOTO _____
af3 99202	99212 EXAM / EXPANDED	_____	-f7 92020 GONIOSCOPY _____
cf3 99203	99213 EXAM / DETAILED	_____	f8 92081 FIELD INTERMED _____
af4 99204	99214 EXAM / COMPREH.	_____	-f8 92082 FIELD LIMITED _____
			af8 92083 FIELD COMP. _____
-G 92133	GDX (Optic Nerve Scan)	_____	-y 76514 Pachymetry _____
aG 92134	GDX (Post. Retina Scan)	_____	67820 Epilate Eyelash _____
	68761-E2 Punctal Plug - Rgt LL	_____	-r 92015 Refraction (Non-covered svc.) _____
	68761-E4 Punctal Plug - Lft LL	_____	<b>OTHER CODE:</b> _____

FOR POST-OP GLASSES ONLY:

**IF PRESCRIBING or RENDERING DOCTOR IS NOT YOUR REGISTERED DOCTOR:**

DR.'s Name: \_\_\_\_\_ Dr.'s NPI: | | | | | | | | | |

PSEUDOPHAKIC LENSES: (New Pseudophakes only are payable \* ENTER # OF LENSES 1or2)

f3 V2100 PL-4.00 SPH. SINGL VISION	af3 V2200 PL - 4.00 BIFOCAL
f4 V2101 4.25 - 7.00 SPHERE	af4 V2201 4.25 - 7.00
f5 V2103 PLAN - 4 = PL - 2.00 CYL.	af5 V2203 PL - 4 = PL - 2.00 CYL.
f6 V2104 PLAN - 4 = 2.25-4.00 CYL.	af6 V2204 PL - 4 = 2.25 - 4.00 CYL.
-A V2107 4.25 - 7 = PL - 2.00 CYL.	^A V2207 4.25 - 7 = PL - 2.00 CYL.
V2523 CONTACT LENS	^P V2781 Progressive Lens (Non-covered)
f7 V2755 ULTRA VIOLET	f9 V2020 FRAME
af7 V2745 TINT PLASTIC	af9 V2025 Deluxe Frame (addl. Non-covered fee)
OTHER: _____	OTHER: _____

AUTHORIZATION TO FILE CLAIM:

PATIENT SIGNATURE: \_\_\_\_\_