

# Instructions for Completing Optometric Claim Form for Services Implemented on October 1, 2014

1. Open Excel attachment enclosed with this email. This form can either be completed on the computer or printed off and handwritten
2. Fill in the optometrist's name and address.
3. Fill in the 3-digit clinic number, and the 5-digit optometrist's billing number that was assigned by MSB. This information can be found on your pre-printed claim cards which were previously supplied.
4. Save this form to your computer.
5. Assign a 4-digit Claim number between 1000 – 9999. The claim number should be in sequential order and not duplicated.
6. Complete the patient's surname, given name, HSN, date of birth, gender, and address.
7. Indicate the referring doctor's name and billing number if applicable.
8. Complete the diagnosis and ICD code.
9. Complete the date of service.
10. Circle the appropriate service code (alpha equivalent) or place a check mark ( ✓ ) beside it.
11. Indicate the appropriate fee for the service code being billed (please do not use the grey shaded section).
12. Indicate the number of lines of service that are being billed in the NL box.
13. If the service is within the time limits please indicate the Previous and Current RX on the lower portion of the form.
14. Sign the form.
15. Keep a copy for your records.