



**Superior
Vision™**

Provider Office Manual

Participating eye care providers may use this guide for administering the Superior Vision Plan for members and dependents.

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Questions regarding this document and any Provider concerns may be directed to providerrelations@superiorvision.com.

Welcome to Superior Vision Services

Superior Vision has been a leader in the managed vision care market since 1993. We are a premier national vision plan delivering exceptional eye and vision health solutions through distinctive service and an unparalleled provider network. We value our providers and realize that these relationships are critical to our success and the health of our members.

Superior Vision has established a large and diverse nationwide network of ophthalmologists, optometrists, and opticians to service routine vision eye care plans. Our provider network development strategy is to offer the employer and their employees a wide selection of providers in order to meet the preference of a diverse workforce. We share the provider's vision of focusing on the needs of our members and clients. Our goal is to direct new patients to your practice, and provide vision benefits to members each year to help preserve your current patient base.

Our commitment to service is second to none, and that extends to our members and our providers. Departments ranging from Claims and Customer Service, to Provider Relations and Marketing strive every day to enhance your experience with Superior Vision. Our Member and Provider Satisfaction Surveys show that our audiences appreciate our efforts...and we know that you will too.

This Provider Manual is intended to assist you and your office staff in understanding the administrative procedures related to the Superior Vision Plan. Please visit our website at www.superiorvision.com for additional information to supplement this manual. If you have any questions, please call our Provider Relations Department at 800.507.3800 option 7.

Superior Vision at a Glance

Coverage Summary

Superior Vision provides routine PPO vision care plans to employers for the benefit of their employees. Coverage varies from group to group depending on the plan selected. Eligibility and benefits should be verified with Superior Vision via our online provider portal, fax, or through our Customer Service department. Co-pays and/or discounts may apply. Refer to the separate Fee Schedule and Discount Features addendum for details on applying benefits and reimbursement information.

Online Services - www.superiorvision.com

- Eligibility verification / authorizations
- Claims submission / review
- Address or practice changes
- Non-Elective / Medically Necessary authorization forms
- Provider manual
- SmartAlert program instructions
- W-9 forms

Fax Back Authorization System 800.507.3800 Option 8

- Authorizations
- 24-hour operation
- Enter Member ID and fax number for faxed authorization

Customer Service 800.507.3800 option 3

- Eligibility verification / authorizations
- Verify benefits
- Check claim status

Customer Service Hours

	Pacific	Central	Eastern
Mon-Fri	5am – 6pm	7am – 8pm	8am – 9pm
Saturday	8am – 1:30pm	10am – 3:30pm	11am – 4:30pm

Provider Relations 800.507.3800 option 7 or email via our website under “Contact Us”

- Contract questions
- Fee schedule questions

Paper Claims Submission

Mail standard billing forms to:
Superior Vision Services
PO Box 967
Rancho Cordova, CA 95670

Website – Provider Portal

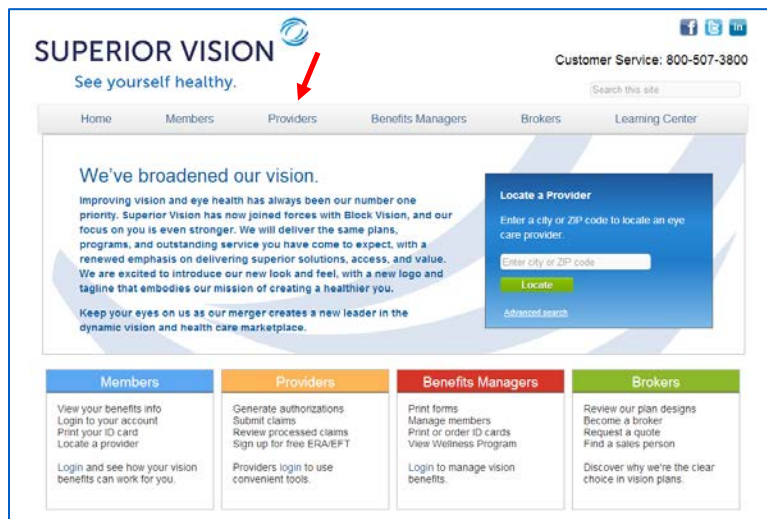
The secure provider portal has a wealth of tools to simplify your interaction with Superior Vision and to assist you with serving our members. By logging in you can:

- View a member's eligibility
- Get an authorization number
- Submit and review claims
- Get discounts on lenses through ELOA
- Download and print forms
- Access our vision wellness program
- Sign up for our quarterly newsletter
- Sign up for our ERA/EFT solution

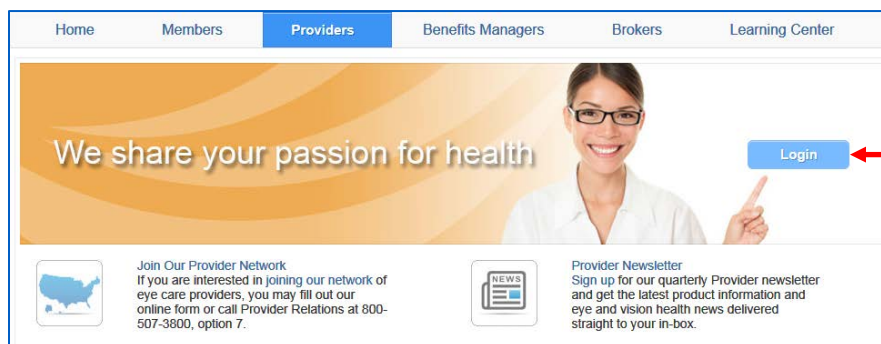
The following pages will walk you through the different areas of the secure provider portal and provide instruction on how to use some of the key online tools, as well as provide an explanation of administrative procedures.

Secure Portal Login

1. Go to www.superiorvision.com
2. Select **Providers** (top menu bar)



3. On the Provider screen, select **Login**.



4. Enter your Tax ID (TIN) number (no hyphens).

Home > Providers > Provider Login

Provider Login

Enter the tax identification number, for example. 111111111 (no dashes).

*Denotes required field.

Tax ID *

.....

Login

Within the secure provider area you can:

- View a member's eligibility
- Get an authorization number
- Submit and review claims
- Get discounts on lenses through ELOA
- Download and print forms
- Access our vision wellness program
- Sign up for our quarterly newsletter
- Sign up for our ERA/EFT solution

Note: If there are multiple locations under the tax ID number you will see a second screen after you log in where you can enter your zip code and then select your address and name from the list.

You are now logged in and can use the navigation bars to select the functions or resources you need.

Claims & Authorizations

The page you see once you are fully logged in is the Claims & Authorizations page. From here, you can look up a member's eligibility, get an authorization number, submit a claim, or review a processed claim. Just enter the member's information and select the operation desired.

Home | Members | **Providers** | Benefits Managers | Brokers | Learning Center

Claims & Authorizations | Fax Back | Forms & Publications | Provider FAQs | Newsletter | Essilor | ERA/EFT Solution | Vision Wellness Program

Claims & Authorizations

Member ID (SSN) 234567890 (no spaces or hyphens.)
Please enter the primary member's SSN

Last Name

First Name

Submit a claim

Review a claim

Check eligibility and receive an authorization

Eligibility

Superior Vision provides a number of ways for providers to verify a member's eligibility and benefits or obtain an authorization number: via our website, through our fax back system, or by calling Customer Service.

After entering the member's information, you can get the Authorization number (located at the top of the form), print the authorization, print a copy of the member's ID card, and review the member's eligibility and benefit plan details.

Eligibility Results

Authorization ID: 3413687
Print Authorization
Print ID Card

Coverage Summary				
Coverage	Plan	Effective	Termed	Group Number
EMPLOYEE ONLY	GOLD PLUS PREMIUM PLAN	3/1/2012		01234503

Claims History							
Relation	Name	Date of Birth	Exam	Lens	Frames	Contacts Fit	Contacts
Member	MARY CAMBO	9/10/1959					* see below

*Please call Customer Service for information on your last date of service for contact lenses and for any remaining balance on your contact lens allowance.

Vision Plan Benefits with Discount Plan

Routine Eye Exam Copay: None
Eyeglass Lenses and/or Frame Copay: None
Contact Lens Fit Exam Copay: \$25

Routine Eye Exam Benefit: Allowed every 12 months
Contact Lens Fit Exam: Allowed every 12 months
Frame and Eyeglass Lenses Benefit: Allowed every 12 months

Tips:

- Providers can determine a member's eligibility by comparing the frequency of benefits for the member to the claims history detail provided in the Benefit Summary
- The authorization number displayed is valid for all eligible members listed under the ID number
- Online authorizations are for the exam, contact lens fit and glasses only. For Contact Lens eligibility, call the Customer Service department to request authorization

Customer Service

If you have any questions regarding eligibility, you may call **Customer Service at 800.507.3800**.

Customer Service Hours

	Pacific	Central	Eastern
Mon-Fri	5am – 6pm	7am – 8pm	8am – 9pm
Saturday	8am – 1:30pm	10am – 3:30pm	11am – 4:30pm

Fax Back Authorizations

You can also get an Authorization number using the **Fax Back** system.

- Call 800.507.3800
- Enter option 8
- Enter your fax number
- Enter member's 9 digit ID number
- Then simply hang up

The authorization and benefit information will be faxed within minutes to the fax number you provide.

Note: Please do not use the Fax Back option for a contact lens benefit authorization. Instead, call Superior Vision Customer Service at 800.507.3800 and we will be glad to help you.

Submit a Claim

You may submit a claim online by entering the member's information on the Claims and Authorizations page, and selecting **Submit a Claim**. A chart will appear at the bottom of the page with information about the member. Select **File a Claim** in the far right-hand column of the table.

Claims & Authorizations

Member ID (SSN) 234567890 (no spaces or hyphens.)
Please enter the primary member's SSN

Last Name

First Name

Submit a claim
 Review a claim
 Check eligibility and receive an authorization

First Name	Last Name	Date of Birth	Gender	Relation	
MARY	CAMBO	9/10/1959	Female	Member	File a Claim

The claim form will auto-fill with the member's information. Enter the diagnosis information from the drop down box. Select **Add New** to enter in specific claim information for each service.

Claim Detail

Authorization #

Diagnosis 1:

Diagnosis 1 Code:

Diagnosis 2:

Diagnosis 3:

Diagnosis 4:

Services

Service Date	Procedure	Procedure Code	Charges	Units
Add New				

Tips:

- The Claims Detail Section has many drop-down options from which you can choose
- Click on the **Add New** to get a new line to add an additional service you provided for the member
- Each service line can be separately edited after entry
- Enter your usual and customary charges for services provided
- You can save and print the Authorization form when completed (after clicking submit)
- Claims are processed in 5 to 10 business days after which they are viewable online

Covered Member General Responsibilities

Covered members (subscriber and dependents) are instructed to give the subscriber's identification number to the provider. Benefits and eligibility can be confirmed over the phone with a Customer Service representative, via our fax back system, or via our website at www.superiorvision.com.

Members will:

- Present their ID Card or notify the provider that they have Superior Vision coverage prior to obtaining services
- Pay co-pay, non-covered services or materials, and applicable sales tax for each covered member or dependent receiving services
- Pay the participating provider directly for services or materials not covered under the benefit plan. Refer to the separate Discount Plan Features document for discounts that may be applicable
- Pay refractive surgery network provider directly for services
- Understand the benefits, general provisions, exclusions, and limitations of their vision plan. Questions or requests for plan materials should be directed to Customer Service at 800.507.3800

ID Cards

- ID cards are issued at initial enrollment and contain a brief summary of the member's benefit
- An ID Card is not mandatory to receive services, although the member must notify the provider they have Superior Vision coverage prior to obtaining services
- Providers may obtain a member's detailed benefit coverage either online, by using our fax back system, or by calling Customer Service
- When going online to get authorizations, the contracted provider will have the option to print the authorization and benefit summary as well as the member's ID card

Participating Provider General Responsibilities

We request that our participating providers follow general guidelines:

- Abide by Superior Vision's PPO/DP Provider Agreement and fee schedule terms and conditions
- Contact Superior Vision Services to verify eligibility and benefits. Obtain an authorization number prior to providing services and/or materials to a covered member. Please insert the authorization number in Box #23 of the CMS-1500 Claim Form or in the authorization box on our free online claim form
- Obtain prior authorization for non-elective (medically necessary) contact lens. Documentation of the qualifying condition must be submitted and prior authorization obtained for lenses to be covered under this benefit. Non-Elective (Medically Necessary) contact lens authorization forms are available on the Superior Vision website
- Accept Plan reimbursement for covered services as payment-in-full. Do not balance bill the member for any covered services as described in their outline of benefits
- Collect any eye exam and/or material co-payment(s) at the time services are rendered. Also, inform the member of any charges not covered under their vision plan, and/or those items that have a limited benefit (refer to Limitations and Exclusions in this manual). Any charges for materials or services not included as covered benefits may be collected at the time of the visit
- Do not withhold eligible material benefits from member pending payment of claim by Superior Vision
- Obtain an "Assignment of Benefits" from the covered member. An "assignment" is mandatory to allow a payment to be made to your office
- Submit your claim online through our website or a CMS-1500 Claim Form; please do so within 180 days from the date of service. Submit your usual and customary charges for all services
- Notify Superior Vision of any changes/updates in your practice such as your name, address, telephone number, tax information, associates who have joined or left your practice, or changes in ownership of your practice. All updates can be completed through our website at www.superiorvision.com
- Agree to ensure compliance with the privacy provisions of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the regulations broadcast from time to time there under (the "Privacy Rules")

Definitions

Eye Exams

A comprehensive exam includes, but is not limited to, the following:

1. Case history
2. Visual health evaluation
 - a. Internal examination with indirect dilated and/or direct undilated or dilated ophthalmoscopy
 - b. External examination
 - c. Pupillary reflexes and motility evaluation
 - d. Biomicroscopy
 - e. Gross visual fields
 - f. Tonometry
3. Refraction
 - a. Visual acuity - uncorrected and best corrected
 - b. Objective refraction by retinoscopy or autorefractor and/or subjective refraction
 - c. Keratometry (as indicated for selected contact lens wearers)
4. Binocular function
5. Diagnosis and treatment plan

An intermediate exam includes, but is not limited to, the following:

1. Case history
2. Visual health evaluation
 - a. Internal examination with indirect dilated, and/or direct dilated or undilated ophthalmoscopy.
 - b. External examination
 - c. Biomicroscopy
 - d. Tonometry
3. Refraction
 - a. Visual acuity - uncorrected and best corrected
 - b. Objective refraction by retinoscopy or autorefractor and/or subjective refraction
4. Diagnosis and treatment plan

Contact Lenses:

1. A Contact Lens Fitting exam should be billed using the appropriate code 92310 or 92310-21, and your customary charge
2. Standard Contact Lens Fitting should be billed with 92310. This standard fit is only for existing contact lens wearers who wear disposable, daily wear, or extended wear
3. Specialty Contact Lens Fitting with a \$50 retail allowance to the member should be billed with 92310-21. This billing will account for the new contact lens wearer who wears toric, gas permeable, or multi-focal lenses. Any amount beyond the member's \$50 allowance is the member's responsibility
4. Some plans may NOT cover a Contact Lens Fitting. This can be verified by our Customer Service representative, or by obtaining member benefit information on the Superior Vision website
 - a. Contact Lens Fitting **(as a covered benefit)**
When a member has a separate fully covered Contact Lens Fitting benefit, it should be billed separately from the routine eye exam and contact lens materials
 - b. Contact Lens Fitting **(not a separate covered benefit)**
If the member does not have a fully covered Contact Lens Fitting, we recommend that you collect this fee directly from the member and the member may submit the receipt to Superior Vision for reimbursement

Non-Elective/Medically Necessary Contact Lens Benefit

The Medically Necessary contact lens benefit is covered in full for the member. Please verify the member's benefit for covered services. Do not bill the member for the balance for any approved Medically Necessary contact lens materials.

Obtain prior authorization approval from Superior Vision using the Medically Necessary Contact Lens Request form found on the website (under Forms & Publications). Complete a copy of the request form and fax it to 916.852.2380.

Your request will be reviewed and a determination will be faxed within 48 business hours. If you have not received a response within 48 business hours, contact Customer Service for the status.

Contact lenses are considered Medically Necessary for the conditions as described below. Reimbursement for these lenses will be according to the fee schedule for medically necessary contact lenses. Please see the fee schedule for provider reimbursement.

Qualifying Conditions:

- Aphakia (after cataract surgery): A pair of single vision lenses or multi-focal lenses and frames can be provided with the contact lenses
- When visual acuity cannot be corrected to 20/70 in the better eye except through the use of contact lenses (must be 20/60 or better)
- Anisometropia of 4.0 diopters or more, provided visual acuity improves to 20/60 or better in the weaker eye
- Keratoconus

For any other conditions, attach a copy of the written examination report to the form.

Progressive Lens

There are several progressive lens options available to our members and they vary by plan. Please confirm the benefit option available for each member when verifying eligibility. See examples below.

Progressive Lens Option

Members may choose any progressive lens in the provider's inventory, and they are covered at the provider's in-office retail price for a standard trifocal. Member pays the difference between the retail price for a standard trifocal and the retail price of the progressive lens, minus a 20% discount if applicable.

Progressive Lens	Standard Trifocal	20% Discount	Materials Co-Pay	Progressive Lens Co-Pay	Member Out-of-Pocket
\$240	\$100	\$-28	\$25	None	\$137

Covered Progressive Lens Allowance

The progressive lens allowance benefit of \$165 and \$120 continue to remain in effect with no changes to benefit structure or billing procedures. Members may choose any progressive lens and they will pay the excess over their allowance, minus a 20% discount if applicable.

Covered-in-Full Standard Progressives

Covered-in-Full Standard Progressives is an option for new and renewing customers and you may start seeing members with this benefit beginning 1/1/14. The following instructions are ONLY for when a member has this lens option as a covered benefit. **Please note the modifier is required for billing.**

Example 1: Member stays within their standard progressive lens option

Standard Progressive	Materials Co-Pay	Progressive Lens Co-Pay	Member Out-of-Pocket
V2781-L1* \$140	\$25	None	\$25

*Standard progressive lens modifier L1

Example 2: Member chooses to upgrade to a premium progressive lens

Standard Progressive	Premium Progressive Upgrade	20% Discount	Materials Co-Pay	Progressive Lens Co-Pay	Member Out-of-Pocket
V2781- L1* \$140	V2799 \$135	-\$27	\$25	None	\$133

*Standard progressive lens modifier L1

Billing Tips:

- Covered-in-Full Standard Progressive Lens is billed with service code V2781 and modifier L1
- Premium progressive upgrade to the original benefit is billed with service code V2799
- Standard discounts of 20% apply to the upgrade portion of the lens if your practice participates in the Discount Features

Limitations and Exclusions

Superior Vision offers a variety of vision benefit plans. The following items are not included as part of the benefit for most groups. However, there are unique plans that may differ, so we suggest you carefully review and confirm the details of a member's plan prior to providing services.

Exclusion Examples:

Blended (no-line) and/or multi-focal lenses

The Plan reimburses the provider the trifocal lens rate listed on the fee schedule. The member is responsible for paying the provider the difference between the retail standard trifocal lens amount and the blended multi-focal lens retail amount. Starting in 2014, there are some plans which include a Progressive covered in full benefit.

Polished, beveled and/or faceted lenses

Provider is reimbursed for standard lenses (single vision, lined bifocal, or trifocal) listed on fee schedule. Member pays the difference between the retail cost of the standard lens and the retail cost of the polished, beveled and/or faceted lenses.

No benefits are payable for any of the following conditions, procedures, and/or materials, unless otherwise specifically listed as a covered benefit in the Schedule of Benefits. Members *may* be eligible for discounts on these services. Please refer to member's benefits if discounts apply.

- Any special lens feature or treatment such as groove, drill mount or notch, and roll and polish, faceted, oversize lens greater than 61mm, polished bevel, slab-off lenses, prism lenses
- Benefits provided under the employee's medical insurance except in the case of Coordination of Benefits
- Blended bifocal lenses
- Coatings on lenses applied to lenses such as anti-reflective, factory scratch coat, anti-reflective, UV, lamination, tints (except pink tint #1 and #2), and sunglass coloring
- Cosmetic items
- Digital, high definition and high-resolution lenses
- Experimental or non-conventional treatment or device
- Frame cases
- High-Index lenses
- Low (subnormal) vision aids or aniseikonic lenses
- Medical and surgical treatment of the eyes
- Orthoptics, vision training, developmental vision procedures, or any associated supplemental testing
- Photochromic (e.g. Transitions) lenses
- Polarized lenses
- Polycarbonate lenses
- Post-cataract lenses (intra-ocular)
- Replacement of broken, lost, or damaged frame and/or lenses, except at normal intervals when covered services are otherwise available
- Services and materials provided by another vision plan except in the case of Coordination of Benefits
- Services for which benefits are paid by Worker's Compensation or similar third party coverage
- Services or materials rendered by a provider other than an ophthalmologist, optometrist, or optician acting within the scope of his or her license

Claim Form Guidelines and Instructions

Superior Vision provides claims administration services for the Superior Vision Plan. These services include verifying completeness of the claim form, contacting providers for additional information (if necessary), adjudicating the claim, and issuing payments.

Superior Vision encourages providers to file claims electronically through our website at www.superiorvision.com. This will ensure delivery of your claim and will eliminate filing errors. Participating providers are expected to obtain an "Assignment of Benefits Release" from the insured and bill Superior Vision for services rendered. Please note "Assignment on File" in space 12 of the CMS 1500 claim form, which directs payment to be sent to the provider.

At a minimum, the submitted claim MUST include the following information:

- Name of patient
- Patient's date of birth
- Patient's address / City / State / Zip
- Name of subscriber/insured
- Subscriber/insured ID #
- Assignment of benefits
- Diagnosis code(s)
- Authorization number
- Procedure code and description
- Provider's signature
- Date(s) of service
- Provider's federal tax ID number
- Provider's NPI
- Provider's name / Address / City / State / Zip / Phone

Failure to follow these claim filing guidelines may cause delay in the processing and payment of any claims. You must obtain an authorization number from our website, from Customer Service representatives at 800.507.3800, or by using the fax back authorization system.

Common CPT/HCPCS Codes for Services and Materials

These are the commonly used CPT codes accepted by Superior Vision:

Eye Examinations

- 92002 Intermediate exam (new patient)
- 92004 Comprehensive exam (new patient)
- 92012 Intermediate exam (established patient)
- 92014 Comprehensive exam (established patient)
- 92015 Refraction (Refraction is included in provider reimbursement as seen in Schedule of Benefits. Provider may not balance bill patient for refraction)

Contact Lens Fitting

- 92310 Standard Contact Lens Fitting exam
- 92310-21 Specialty Contact Lens Fitting exam

Frames

- V2020 Standard frames: retail is equal to or less than the benefit plan allowable
- V2025 Deluxe frames: retail is greater than the benefit plan allowable

Lenses (See detailed listing. Uncoated CR-30 plastic or clear glass)

- V2100 through V2199 Single vision
- V2200 through V2299 Bifocal
- V2300 through V2399 Trifocal
- V2115 through V2117 Single vision lenticular
- V2215 through V2217 Bifocal lenticular
- V2315 through V2317 Trifocal lenticular

Contact Lenses (Cosmetic)

- V2500 PMMA, spherical, per lens
- V2501 PMMA, toric or prism ballast, per lens
- V2502 PMMA, bifocal, per lens
- V2503 PMMA, color vision deficiency, per lens
- V2510 Gas permeable, spherical, per lens
- V2511 Gas perm, toric, prism ballast, per lens
- V2512 Gas permeable, bifocal, per lens
- V2513 Gas perm, extended wear, per lens
- V2520 Hydrophilic, spherical, per lens
- V2521 Hydrophilic, toric, or prism ballast, per lens
- V2522 Hydrophilic, bifocal, per lens
- V2523 Hydrophilic, extended wear, per lens
- V2530 Scleral, per lens
- V2599 Other type

The member is responsible for paying any charges in excess of their allowance. Corrective lenses must be prescribed by an Ophthalmologist or Optometrist.

Medically Necessary Contact Lenses

Supporting documentation must accompany claims for medically necessary contact lenses. See Medically Necessary Contact Lenses Request Form in the back of this manual.

Miscellaneous

V2700	Balance Lens, per lens
V2710	Slab off prism, glass or plastic, per lens
V2715	Prism, per lens
V2718	Press-on lens, fresnell prism, per lens
V2730	Special base curve, glass or plastic, per lens
V2740	Tint, plastic, rose 1 or 2, per lens
V2741	Tint, plastic, other than rose 1 or 2, per lens
V2742	Tint, glass, rose 1 or 2, per lens
V2743	Tint, glass, other than rose 1 or 2, per lens
V2744	Tint, photochromatic, per lens
V2750	Anti-reflective coating, per lens
V2755	UV lens, per lens
V2760	Scratch resistant coating, per lens
V2761	Mirror coating, any type
V2762	Polarization, any lens material
V2770	Occluder lens, per lens
V2780	Oversize lens, per lens
V2781	Progressive Lens
V2781-L1	Standard Progressive Lens Covered-in-Full, per pair
V2783	Hi-index lens
V2784	Polycarbonate lens
V2799	Miscellaneous services – unspecified

Provider Complaints and Grievances

(All states except New Jersey)

Superior Vision's commitment to provide "Superior Service" to our providers and members is always our number one objective. A Customer Service Representative is available to assist you by calling 800.507.3800 Monday through Friday, 5:00am to 6:00pm, and Saturday 8:00am to 1:30pm Pacific Time. When a provider has a concern, every effort is taken to resolve the issue informally. In the event the issue cannot be resolved informally, you are dissatisfied, or we have not been able to come to a satisfactory solution to your problem through our Customer Service Department, Superior Vision has established a Provider Grievance Process as a formal means to provide your complaint to us in writing.

Types of Provider Complaints and Grievances

- Claim Disputes
- Eligibility, Benefits, Reimbursement
- Other

Provider Complaint and Grievance Process

Informal Complaint:

- The provider can call a Customer Service or Provider Relations Representative to discuss their issue and resolve it over the phone at 800.507.3800;
- The provider can fax their issue to 916.852.2380 for resolution; or
- The provider can mail their issue to 11101 White Rock Rd, Rancho Cordova, CA 95670 for handling.

Formal Grievance:

- If the issue cannot be resolved to the provider's satisfaction through any of the above means, the provider can complete the Provider Grievance Form (found on our website) and submit all pertinent documentation supporting the issue.
- A letter of acknowledgement that we have received your Provider Grievance Form will be sent to you.
- The issue will be reviewed and a decision rendered by Superior Vision within thirty (30) working days from receipt of the Provider Grievance Form (if additional information was requested and received, the response timeframe will be from the date the additional information was received).
- If there are special circumstances that delay the review process, the decision will be rendered as soon as possible, but no later than one hundred twenty (120) days of receipt of a request for review.
- If the provider and Superior Vision cannot come to a mutually agreeable resolution, either party may submit a demand for arbitration.
- The decision from arbitration is binding and not subject to further appeal.

Provider Grievances may be submitted to:

Superior Vision Services, Inc.
Attention: Provider Relations Grievances
11101 White Rock Rd.
Rancho Cordova, CA 95670

New Jersey Provider Complaints and Grievances

Superior Vision's commitment to provide "Superior Service" to our providers and members is always our number one objective. A Customer Service Representative is available to assist you by calling 800.507.3800 Monday through Friday, 5:00am to 6:00pm, and Saturday 8:00am to 1:30pm Pacific Time. When a provider has a concern, every effort is taken to resolve the issue informally. In the event the issue cannot be resolved informally, you are dissatisfied, or we have not been able to come to a satisfactory solution to your problem through our Customer Service Department, Superior Vision has established a Provider Grievance Process as a formal means to provide your complaint to us in writing.

Types of Provider Complaints and Grievances

- Claim Disputes
- Eligibility, Benefits, Reimbursement
- Other

Provider Complaint and Grievance Process

Informal Complaint

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- The provider may mail their issue to 11101 White Rock Rd, Rancho Cordova, CA 95670 for handling.

Formal Grievance

If the issue cannot be resolved to the provider's satisfaction through any of the above means, the provider may send their complaint in writing or complete the Provider Grievance Form, found on our website (www.superiorvision.com), and include all documentation supporting the issue to:

Provider Grievances may be submitted to:
Superior Vision Services, Inc.
Attention: Provider Relations Grievances
11101 White Rock Rd.
Rancho Cordova, CA 95670

If the provider is not satisfied with a claim payment determination, the provider may send their complaint in writing or complete the Provider Grievance Form, within one hundred eighty (180) days of Superior Vision's determination and submit the Form to Superior Vision for reconsideration.

A letter of acknowledgement that we have received the formal written complaint or Provider Grievance Form will be sent to the provider by Superior Vision.

The issue will be reviewed and a decision rendered by Superior Vision within thirty (30) days from receipt of the written complaint or submission of the Provider Grievance Form.

If the provider does not agree with the Superior Vision decision, the provider may appeal to the consumer assistance program at:

Department of Banking and Insurance
Consumer Protection Services
Office of Managed Care
PO Box 329
Trenton, New Jersey 08625-0329
888.393.1062

Superior Vision will not penalize a provider for exercising his/her right to file a complaint.