

CLAIM ATTACHMENTS FOR WEB OR EDI CLAIM

Instructions:

Claims (initial filings, resubmissions and/or appeals) may require additional information that must accompany the claim to be considered a clean claim. This fax cover sheet may be used to submit claim attachments for claims submitted via the Envolve Vision website (<https://visionbenefits.envolvehealth.com/logon.aspx>) or Change Healthcare Payer ID 56190.

Example attachments include: (1) a primary Explanation of Benefit/Payment when filing for Coordination of Benefits, (2) a description for 92499, V2599 or other unlisted procedure, (3) an invoice for consideration of wastage for botox injections, (4) copies of previous and current prescriptions for significant changes in vision when requesting replacement eyewear, (5) office notes/medical records signed by the rendering Provider for changes in diagnosis, procedure codes or rendering Provider, (6) or an invoice and prescription when billing for non-standard eyewear and/or additional lens features.

Date of Request: _____

To: Envolve Vision Claims Department

Fax Number: (866) 897-7199

Pages: _____

Provider: _____ NPI: _____

Date of Service: _____

Member Name: _____

Member ID: _____

Procedure Code(s): _____

Date Claim Submitted: _____ Method of Submission: ☐ EDI ☐ WEB

Contact Name: _____

Contact Phone Number: _____

Description of Attachment(s): _____

Additional Comments: _____

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