

DELUXE FRAMES

Participating providers may charge the patient the difference between the medical assistance fee-for-service fee or the managed care organization fee, as appropriate, for frames and the actual charge for deluxe frames that the patient has selected. Providers must comply with all of the following requirements:

1. You must have a selection of frames available, offer them to the patient, and explain to the patient the charge and differences between the selection of frames and deluxe frames.
2. You MUST obtain from the patient and KEEP ON FILE the signed and dated statement shown below.

Note: When payment is made, medical assistance or the managed care organization, as appropriate, will deny the deluxe charge as being a non-covered service. This will allow the provider to bill the patient for payment.

PATIENT'S NAME: ▶	
PATIENT'S RECIPIENT NUMBER: ▶	
<p>I have been informed that an extra charge is being made for deluxe frames, that this extra charge is not covered by the Medical Assistance Program or my managed care organization, and that a selection of frames is available without extra charge. I have chosen to purchase a deluxe frame and I understand that it is my responsibility to pay for this extra charge.</p>	
_____	_____
SIGNATURE	DATE