CSU The California State University

VSP Vision care for life

VSP COMPUTER VISION GLASSES CONFIRMATION FORM

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in prison.

The VSP Computer Vision Care (CVC) Confirmation Form is only provided to CSU employees who meet the necessary job requirements as determined by the CSU campus benefits office. This form must be completed by the employee and provided to a VSP Select Network doctor to receive the supplemental CVC benefit. Please call VSP Member Services at 800-877-7195 if you have questions about the benefit.

INSURED TO COMPLETE AND SIGN THIS SECTION

Employee's Name (Last Name First)	Gender ☐ Male ☐ Female	Last 4 Digits Of Social Security Number
Street Address		Employee's Birthdate
City, State, and Zip Code		

General Visual Information

1. Time spent at computer? _____ Hours per day.
2. Work is performed while: ☐ Sitting ☐ Other (please describe):
3. Job Title: _____
4. Lighting in work area (Please describe): _____

Are you experiencing any of the following symptoms while at your computer? Check all which apply.

☐ Headaches ☐ Blurred Near Vision ☐ Blurred Distant Vision ☐ Slowness in Focusing (Distant to near and back)
☐ Double Vision ☐ Sore or Tired Eyes (Strain) ☐ Glare (Light) Sensitivity ☐ Dry or Watery Eyes ☐ Burning, Itching or Red Eyes
☐ Neck and Shoulder Pain ☐ Back Pain

Do you wear glasses while working at the computer?	☐ YES ☐ NO	Please bring them with you to the examination
Do you wear contacts while working at the computer?	☐ YES ☐ NO	Please bring them with you to the examination
Do you reference material while working at the computer?	☐ YES ☐ NO	What percentage of time?

In order for the doctor to accurately assess your occupational vision needs and possible appropriate eye wear, the following distances/direction must be completed:

Viewing distance eye to computer screen is _____ inches. Viewing distance eye to keyboard is _____ inches.

Viewing distance eye to reference material is _____ inches.

The center of the screen is: ☐ above ☐ equal to ☐ below eye level If above or below, by how many inches? _____

Reference material is: ☐ above ☐ equal to ☐ below eye level If above or below, by how many inches? _____

The above answers are true and complete according to the best of my knowledge and belief. By signing this form, I hereby certify that my CSU job requires me to use a computer four or more hours per day on a regular, ongoing basis.
I understand that if I obtain services and do not meet these CVC eligibility requirements, I will be responsible for any and all charges incurred. I hereby assign payable benefits to participating providers.

_____ _____

Employee Signature Date

OUT OF NETWORK INSTRUCTIONS:
Dollar for dollar you get the best value from your benefit when using a VSP Select Network doctor. If you decide to use a non-VSP Provider, the $10 exam copay still applies, and you'll receive a lesser benefit and typically pay more out-of-pocket. You are also required to pay the provider in full at the time of your appointment and submit to the mailing address below both a copy of the this form and itemized receipt to VSP for partial reimbursement based on the plan allowances.

VSP
PO Box 385018
Birmingham, AL 35238-0518
Attn: Out-of-Network Claims