



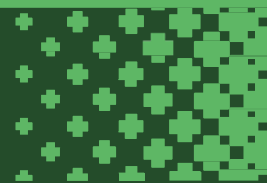
# CEDA

Community and Economic Development  
Association of Cook County, Inc.

[www.cedaorg.net](http://www.cedaorg.net)

## Vision Provider Registration Packet

CEDA's Family Support and Community Engagement



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Dear community businesses,

The Community and Economic Development Association of Cook County, Inc. (CEDA) is one of the largest private, nonprofit Community Action Agencies in the country, serving residents throughout Cook County, Illinois. **We serve more than 300,000 people and more than 150,000 households every year.**



CEDA offers a variety of programs and services in the areas of community and economic development, education, emergency assistance, employment and training, energy conservation and services, health and nutrition, and housing. We learned from our 2021 Community Needs Assessment how important vision care needs are to so many individuals and families that currently do not have the means to obtain or gain access to these services.

**We invite you to partner with us in providing these vital services to the community.** Your participation in this program will help reduce barriers that hinder families striving for self-sufficiency. In the process, your business will help give people hope and a chance to realize their full potential.

**Please visit our website at [cedaorg.net](http://cedaorg.net)** to download our Community Needs Assessment and review all the services we provide to families. Enclosed you will find more information on our Vision Care Program, policies, procedures, and a Provider Registration Packet with instructions on how to become a vendor.

Our mission is to empower individuals, families, and communities facing poverty to secure a better quality of life. We hope you will partner with us in this endeavor.

Sincerely,



Harold Rice, Jr.  
CEO/President

## Program Purpose

The purpose of CEDA Family Support and Community Engagement (FsACE) Vision Care Program is to help suburban Cook County residents with low incomes to get vision care they need to stay healthy or to pursue their employment or education goals. This is done by giving them access to vision care through a network of licensed and insured providers. The assistance provided by this program is funded by CEDA's Community Services Block Grant (CSBG).

## How the Program Works

Individuals interested in CEDA FsACE programs must complete an intake process with CEDA which determines their eligibility to receive services. Eligible customers must live within suburban Cook County and meet program income guidelines.

### Referral Form Issuance

Eligible customers interested in vision care services will receive a Referral Form from CEDA and identify a vendor of their choice from the provider list. Customers will then schedule an exam appointment with the provider to determine the services needed.

### Exam Appointment

During the exam appointment, customers will present their CEDA Referral Form and valid ID to the provider. We ask that providers conduct a comprehensive exam of the treatment services needed. Providers can bill CEDA for exam services. A treatment plan should be sent to CEDA to continue voucher processing. **Please note: CEDA is a tax-exempt organization and documentation including exams and billing should reflect this status.**

## **Voucher Issuance**

Once the treatment plan is sent to CEDA, a voucher will be issued for services. The voucher will indicate the services to be provided, the vendor selected, and the approved amount for services to be paid by CEDA. (see voucher example on page 9)

## **1<sup>st</sup> Service Appointment**

Once approved, CEDA will send the voucher directly to the provider and coordinate the scheduling of the first appointment, which must be within 14 days. During the first service appointment, the customer must present a valid photo ID to the provider. Providers must copy the photo ID provided and ensure the correct person is accessing the service. At the first service appointment, the provider will complete the services approved on the voucher.

## **Completing Service / Billing**

If necessary, another appointment will be scheduled to complete the services. However, all voucher services must be fulfilled within 45 days of the first service appointment date. After all services for the customer have been rendered, the provider invoices CEDA (further explained on pages 11-13). Once all billing documents are submitted, CEDA pays the provider directly within 45 days.

## Provider Eligibility

In order to achieve the purpose of this program, CEDA partners with vision care providers who meet the following criteria:

- Licensed doctors in the state of Illinois
- Provide care to patients in a location within the state of Illinois
- License must be in good standing with the state of Illinois and possess a history free of disciplinary actions
- Providers must also have a minimum of three (3) years' experience

*(Information on provider registration is available on page 15)*

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## Covered Services

This program issues vision care vouchers to customers to access treatment to:

- correct vision via an eye exam
- secure a new or updated prescription for corrective lenses or contacts
- repair or replacement of eyeglasses due to damage or loss
- obtain eyeglasses, including frame and lenses (a minimum one-year warranty is required) or prescription contact lenses

The vision voucher covers the aforementioned services **ONLY**.

*(See voucher example on page 9)*

Under most circumstances, it does not cover routine annual eye exams, non-emergency renewal of lenses or frames, contacts, special options (tint, non-glare coating, etc.) and other surgical/laser treatment or any cosmetic procedures.

Only the conditions previously mentioned will be covered by the CEDA FsACE Vision Care Voucher. If you as the vision provider believe that another procedure is necessary to complete treatment, please contact the CEDA FsACE Regional Manager listed on the voucher to get prior approval.

Please note: The vision care program cannot be used to pay for vision services that were performed before the date the voucher was issued.


## Vision Care Voucher

1. Payment for covered services includes the first visit to determine the care required, including exams. The cap amount per household is up to \$500.  
*\*\*Vouchers are issued based on eligibility for a one-time event per person*
2. Customers must bring a valid photo identification card to receive services. Please Note: A copy of the photo ID and voucher must be submitted with your invoice upon completion of vision services.
3. Dates of service must correspond with the dates of service indicated on the voucher. In other words, the customer must have an appointment scheduled with a vision provider within fourteen (14) business days of the date listed on the FsACE Vision Care Voucher. Keep in mind that all related vision care associated with the voucher must be completed within 45 business days from the 1st appointment date.
4. The voucher issued will show the vision practice to which it is made. All billing and invoicing will have the exact same provider (and treating doctor) information listed.
5. Only approved doctors can provide services to customers through this program. Services provided by a non-approved doctor will **not be paid** by the customer nor CEDA.
6. If a voucher was issued incorrectly and needs to have the provider information corrected, please contact CEDA FsACE regional office to request a corrected voucher. Furthermore, approved vouchers and patient service plans cannot be revised without direct approval from CEDA FsACE management staff.
7. Patients must receive any eyewear, corrective eyeglass lenses and/or frames, or contact lenses from the provider before CEDA FsACE vision assistance can make payment to the provider.

8. In cases where the patient has other vision coverage such as insurance, Medicaid, etc., all other vision plans must be billed PRIOR to applying the value of the voucher.
9. Vouchers are valid for individual treatment only and are not transferable to others.
10. If the same patient (or another household member) needs services for a different vision problem, that person will need to contact the CEDA FsACE Vision Care Program to determine eligibility. If approved, a new voucher for the care will be issued.



# Vision Care Voucher (EXAMPLE)

 Family Support and Community Engagement (FsACE)	Customer Name <u>Jacqueline</u> <u>Jones</u>	Service Date <u>04/01/XX</u>
	Address <u>123 Main Street</u> <u>Park Forest</u> <u>IL</u> <u>60466</u> <small>Street City ST Zip</small>	Site <u>South</u>

## 2025 VISION CARE PROGRAM VOUCHER

### SERVICE VOUCHER DETAILS

Date 04/1/20XX Voucher No. SA-XX-05

<u>Jacqueline Jones</u> <small>Authorized Recipient</small> <u>123 Main Street</u> <small>Address</small> <u>Park Forest, IL 60466</u> <small>City, ST, Zip</small> <u>708-555-5555</u> <u>jjones123@gmail.com</u> <small>Phone Email</small>	<u>Dr. Janet Thompson</u> <small>Vision Care Provider</small> <u>53 South Village Road</u> <small>Address</small> <u>Richton Park, IL 60471</u> <small>City, ST, Zip</small> <u>708-973-5444</u> <u>abcvisioncare@gmail.com</u> <small>Phone Email</small>
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### SERVICE DISCLAIMER

This authorization is non-transferable and has no cash value. The recipient must schedule their vision exam or eyewear service within **14 business days** of the authorization, and all approved services must be completed within **45 business days** or by December 31, 2025, whichever comes first. **[Note: CEDA reserves the right to request an earlier completion date if required by the funding source.]**

The authorization can only be used for the vision provider listed above. The FsACE Vision Care Program will authorize up to the approved amount of \$0 for allowable vision services. However, no household will receive more than \$500 in total program assistance. Each eligible household member will receive a separate authorization, and there is only one authorized service recipient per authorization.

Any costs exceeding the authorized amount are the responsibility of the recipient and must be paid before service. CEDA does not assume responsibility or liability for any services rendered by third-party vision care providers. Utilization of this authorization constitutes acceptance of these terms.

#VALUE!

Upon completion of the service, the provider must submit the billing invoice, a digital image of the original authorization, and participant verification to [CSBGInvoice@cedaorg.net](mailto:CSBGInvoice@cedaorg.net).

### SERVICE REQUESTED

Janet Green Site South

Approved Voucher Amount Not to Exceed
<b>\$300.00</b>

Ms. Jones is in need of vision care assistance. Per the examination, she is in need of prescription lenses with frames.

### SERVICE REQUEST CERTIFICATION

I certify that the above service request complies with the authorized criteria established by the CEDA FsACE Auto Repair Program. I further confirm that the service event is a new request and has not been previously completed by any other automobile repair provider.

<u>Virginia Thompson</u> <small>Signature</small>	<u>Virginia Thompson</u> <small>FsACE Regional Manager</small>	<u>(708) 639-6669</u> <small>Phone</small>	<u>vthompson@cedaorg.net</u> <small>Email</small>	<u>South</u> <small>Region</small>	<u>4/1/20XX</u> <small>Date</small>
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## Service Expiration / Void or Closed Vouchers

**(TIME SENSITIVE)**

1. All 1st appointments must be made within 14 business days of the date on the voucher
  2. All services must be completed within 45 business days from the 1st appointment date, or the end of the calendar year, whichever comes first.
  3. If an appointment is not made within 14 business days from the voucher issuance date, the voucher is void and cannot be used (please refer customer back to CEDA FsACE).
  4. If the customer fails to make a scheduled appointment and does not re-schedule within (2) weeks, the voucher will be closed (not available for future use) and you can submit for payment at that time by submitting the voucher and invoice for processing with an explanation to CEDA FsACE.
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## Fees for Services

CEDA FsACE Vision Care Program encourages the use of sliding scale fees for services, when possible, for those that are income eligible according to the vision provider's own fee policy. We track and appreciate these contributions as they allow the program to assist more qualified recipients in suburban Cook County.

A vision provider will be expected to utilize their usual and customary fee structure if a sliding scale does not exist. CEDA FsACE Vision Care Program requests that vision providers honor any coupons, discounts or advertised specials they offered at the time of service for covered services prior to applying the value of the voucher.

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## Billing for Services

Please read the voucher carefully. The voucher indicates that the customer is responsible for the portion of the treatment that exceeds the amount listed on the voucher. Please be mindful that we serve low-income families. It is not in the best interest of the customer or the vision practice to exceed the voucher amount. Keep in mind that excessive payment arrangements can create financial hardship for our customers.

Any agreed upon payment plan between the provider and patient for more than \$300.00 over the voucher amount **must get prior approval** from FsACE. The payment arrangement and approval must be submitted with the original invoice and voucher for processing.

**Please note: CEDA is a tax exempt organization and documentation including estimates and billing should reflect this status.**

- **Please submit only one (1) invoice per patient.**
- **Invoices must be submitted within (30) business days from the completion of the work.**

If you are discounting services or providing a service at no cost, please indicate this on the invoice as well, so we can capture the actual cost and all discounted or donated services.

*Billing invoices submitted for non-covered services will be denied and the individual may not be billed for these services.*

If an appointment is not scheduled within 14 business days from the voucher issuance date, the voucher is void and shouldn't be used (please refer client back to CEDA FsACE Vision Care).

If the customer fails to come to a scheduled appointment and it is not re-schedule within (2) weeks, the voucher will be closed (not available for future use) and you can submit for payment at that time by submitting the voucher and invoice for processing with an explanation to the CEDA FsACE Vision Care Program.

Customers must present a valid photo ID to get services. Providers must copy the customer's ID and retain the original voucher to submit with the invoice for payment. CEDA cannot pay for services rendered without a voucher.

The date of service and itemized eligible services rendered must be exactly the corresponding information on the voucher.

Any additional services provided for the patient that are not covered by the voucher should be billed directly to the customer, separate from the procedures being billed to the CEDA.

## How to Bill for Services

To submit billing, the provider will email the following documents to **csbginvoice@cedaorg.net**

1. Vision Care Voucher
2. Copy of customer's valid ID (*provided at the time of service*)
3. Any payment arrangement agreement (*if applicable*)
4. Billing invoice  
(*please ensure CEDA's tax exempt status is reflected*)

Billing that is mailed or faxed will not be processed.

Sending invoice documentation to an email other than **csbginvoice@cedaorg.net** will significantly delay payment processing.

Billing is processed quickly by CEDA. If your billing is prepared as described above and emailed to **csbginvoice@cedaorg.net** payment can be expected within 30 to 45 days.

All invoices must be submitted no later than 30 business days from the date of the completed service.

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## Referrals

### Referring Customers to Vision Specialists

If the customer requires a referral to a vision specialist, the vision provider will need to provide that referral in writing to the customer with all the specialist contact information. The patient will need to notify the FsACE Vision Program to secure an additional voucher to be used with the specialist.

## Referring Customers to Vision Providers

CEDA does not make direct referrals to any business but rather offers customers an option to choose from a directory of providers willing to participate in our program or a provider of their choice, who has submitted the necessary documents to become an approved provider.

## Referring Customers to CEDA

We welcome customer referrals from service providers. If you would like to refer an individual or household to the CEDA FsACE Vision Care Program, please provide the customer with CEDA's Information and Referral phone number, which is (312) 795-8948.

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## Contact Information

For questions regarding **voucher or payment processing**, please contact the FsACE Regional Manager listed on the service voucher.

For questions regarding **vision care program policies and procedures**, please email [csbgvendorinfo@cedaorg.net](mailto:csbgvendorinfo@cedaorg.net).

## Provider Registration

Providers interested in participating in the program would submit the following documents via email to [sfreeman@cedaorg.net](mailto:sfreeman@cedaorg.net).

1. **Provider Registration Form** (see page 16)
2. **Statement of Understanding** (see page 17)
3. **W9 Form** (see page 18)
4. **Vendor Add Form** (see page 19)
5. **Current Business License**
6. **General Liability Insurance**
7. **Professional Liability Insurance (for each doctor participating)**

*\*W9 and Vendor Add Forms are needed to process payments*

Upon receipt and review of the documents, providers will receive notification of their status within one to two weeks. Approved providers will be added to our provider list, which is given to each customer to select a provider.



# 2025 VISION PROVIDER REGISTRATION FORM

Please print legibly. This information will be entered on the provider list.

PRACTICE NAME: \_\_\_\_\_

DOCTOR(S) NAME(S): \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

COUNTY: \_\_\_\_\_  MULTIPLE LOCATIONS (please submit a separate form for each location that will participate.)

TELEPHONE NUMBER:(\_\_\_\_\_) \_\_\_\_\_ FAX NUMBER:(\_\_\_\_\_) \_\_\_\_\_

WEBSITE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

VISION SPECIALITY: \_\_\_\_\_

LANGUAGES SPOKEN: \_\_\_\_\_

HOURS OF OPERATION: (Please indicate the specific times your office opens and closes)

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

TREATMENT:

- Treats Adults      Treats Disabled Adults      Treats Persons with HIV-AIDs      Sedation  YES  NO
- Treats Children      Treats Disabled Children      Treats Persons with Diabetes

SERVICES:

- Vision services, including eye exams      Medical eye care for conditions such as glaucoma
- Prescribe and fit eyeglasses      Surgical eye care for trauma, cataracts, glaucoma, etc.
- Provide, adjust, and repair glasses and frames

ACCESS:

- Free Parking      Accessible by Public Transit      Wheelchair Accessible

EXAM COST: \$ \_\_\_\_\_ (According to cost submitted in RFQ)

Would you like to limit the amount of referrals made to your office?       YES\*       NO

\* If yes, please indicate the limit: \_\_\_\_\_per month \_\_\_\_\_per year

TYPES OF INSURANCE ACCEPTED:      Medicaid      Medicare

Other: \_\_\_\_\_

Contact information for the Administrator of Accounts Receivable

Name: \_\_\_\_\_ Phone:(\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_





## 2025 PROVIDER STATEMENT OF UNDERSTANDING

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I, \_\_\_\_\_ certify that I have read the attached  
*(Provider Name) and (Name of Practice or Business)*

Provider Registration Packet and understand and will comply with all program policies and procedures including the following;

\_\_\_\_\_ **(Please initial here as your acceptance to all of the following)**

### 1. Billing Procedures and Timelines

- Billing packets must contain all supporting documentation, including a copy of the customer’s ID, customer voucher (retain a copy for your records), invoice, and if applicable, an approved payment arrangement.
- CEDA is a tax-exempt organization and documentation including estimates and billing should reflect this status.
- Invoice must be submitted within 30 days of service completion. Only one (1) invoice per voucher is accepted.

### 2. Vouchering Policies and Procedures

- An appointment must be made within 14 days of the voucher date.
- The service must be completed within 45 days of the first appointment date.
- The service must comply with the estimate or service plan.
- For void and closed vouchers, see program guidelines.

### 3. Approval Guidelines

- If service is anticipated to exceed beyond the (45) day time-frame, you must have an approved CSBG Extension of Service Authorization from CSBG on file.
- If service costs exceed voucher amount, follow program specific guidelines.

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I understand that failure to comply with all program policies and procedures included in the Provider Registration Packet, may result in non-payment for services and/or termination of program partnership.

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Printed Name)*

\_\_\_\_\_  
*(Signature)*

**Please note: This form must be completed for each doctor or business owner registering for the program.**





Community and Economic Development Association  
Of Cook County, Inc.

### Vendor Add/Change Form

*This information will be used by CEDA to process vendor payments. Failure to provide the requested information may delay or prevent the receipt of payments. If you are a new vendor, a signed W-9 form should accompany this form. If Action Requested is "Change", please note the reason for the change.*

Action Requested (check one)		
NEW	CHANGE	CANCEL


If "Change" is selected, note reason for change:

Vendor Information
VENDOR NAME:
VENDOR ADDRESS:

Contact Information
PRIMARY CONTACT NAME:
E-MAIL ADDRESS:
PHONE NUMBER:
FAX NUMBER:

Vendor Mailing Address
COMPANY NAME:
STREET:
CITY, STATE, AND ZIP:

Remittance Address (if same as Mailing leave blank)
COMPANY NAME:
STREET:
CITY, STATE, AND ZIP:

Vendor Authorization	
SIGNATURE:	
TITLE:	
DATE:	

\*\*\* For CEDA Use Only \*\*\*

UPDATED BY:	DATE:
VALIDATED BY:	DATE: