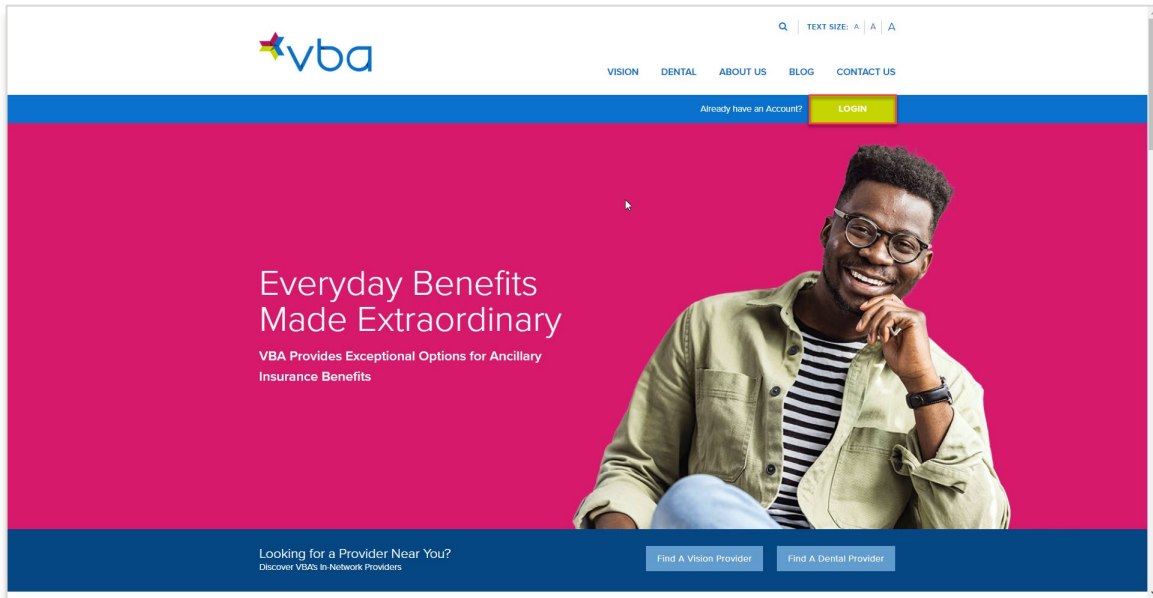
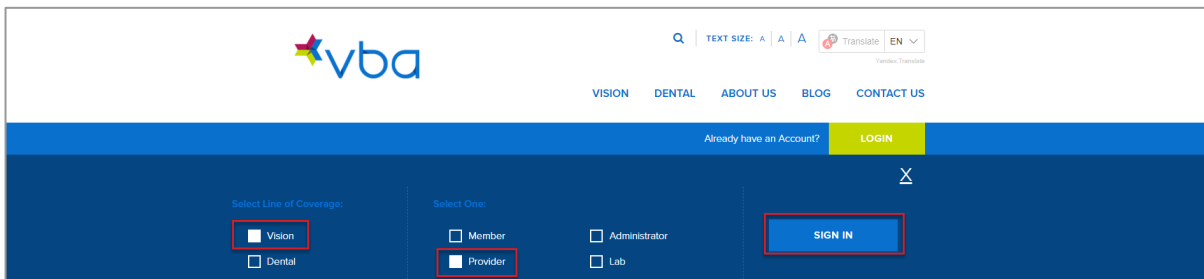


Go to www.vbaplans.com, then click LOGIN.



Select **Vision**, then **Provider**, then click **SIGN IN**.



The Provider Login page displays.



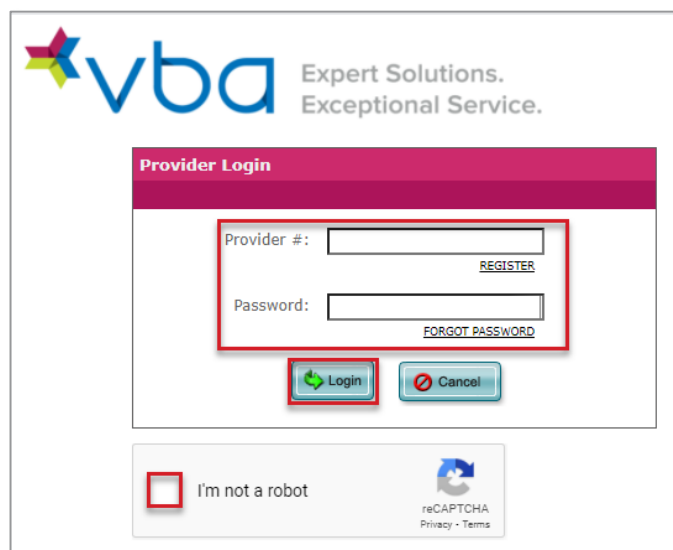
Access and use of this portal by and through any third-party software applications or services is strictly prohibited without the express written consent of VBA. VBA may suspend or terminate your access to these online services at any time, for any reason or for no reason at all. If you experience a disruption in service due to the unauthorized access or misuse of this portal, [contact us](#).

Enter your **Provider #**.

Enter your **Password**.

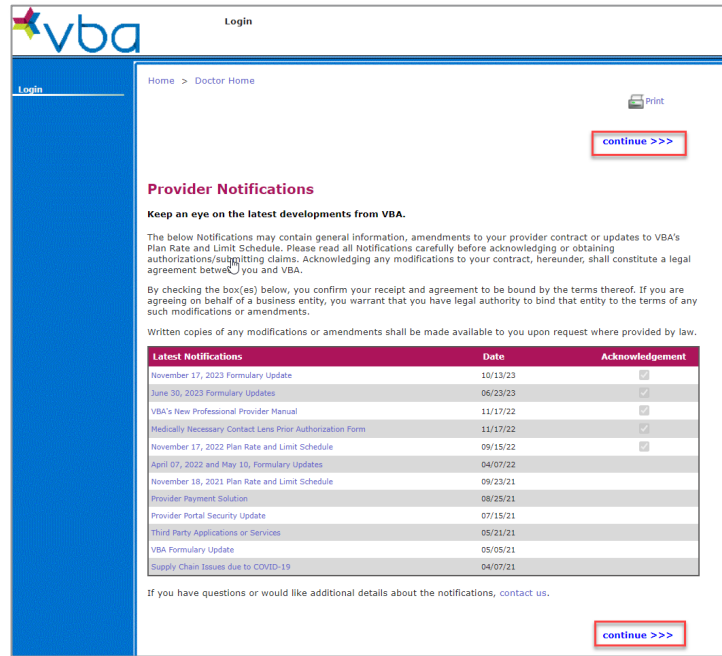
Check the **I'm not a robot** reCAPTCHA box.

Click **Login**.

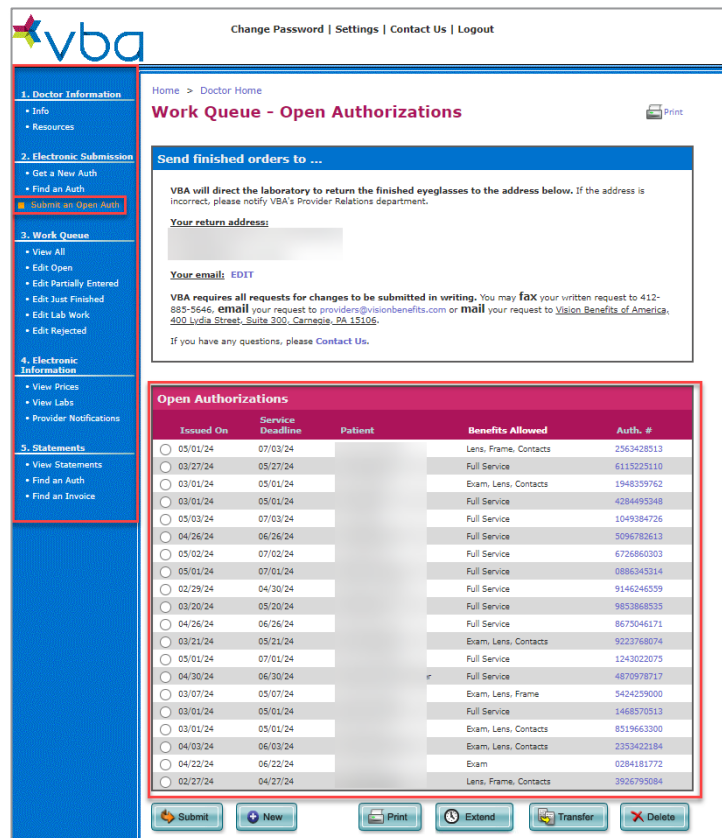


The screenshot shows the VBA Provider Login page. At the top left is the VBA logo with the tagline "Expert Solutions. Exceptional Service." Below this is a pink header bar with the text "Provider Login". The main content area contains two input fields: "Provider #:" and "Password:". To the right of the "Provider #" field is a "REGISTER" link, and to the right of the "Password" field is a "FORGOT PASSWORD" link. Below the input fields are two buttons: "Login" (with a green arrow icon) and "Cancel" (with a red 'X' icon). At the bottom of the page, there is a reCAPTCHA section with an "I'm not a robot" checkbox and a reCAPTCHA logo with links for "Privacy" and "Terms".

The Portal landing page will display. Click **continue** to move on to the **Work Queue**.



The **Work Queue** displays with the **Main Menu** for all Provider functions in the left navigation. Any **Open Authorizations** will also be displayed and **Submit an Open Auth** will be highlighted in the left navigation.



You can also zoom in on your Open Authorizations by clicking Edit Open in the left navigation.



Authorizations transferring from a Private account to a Retail account will need to be done manually. Each authorization will need to be deleted (scrapped) from the Private practice account and be reissued under the Retail account number. This will issue a brand new authorization number. The dates (Issuance, service deadline, filing deadline) will need to be adjusted on the new re-issued authorization to match the original. .

To transfer an authorization, click the **radio button** in front of the authorization, then click the **Transfer button** at the bottom of the section.



You must select one authorization at a time.

Enter the **Account Number** and **Zip Code** for the office that you are sending the authorization to, enter your **name**, then click **Yes**.

Change Password | Settings | Contact Us | Logout

Home > Doctor Home

Transfer Authorization

[Print](#)

Authorization Overview

INSTRUCTIONS:
You have elected to **transfer** your Authorization for the specified patient to another account. If you have submitted for payment using this Authorization Number, the payment will also be transferred.
Enter the VBA account number and the ZIPCode of the doctor to which you wish to **transfer** the Authorization. Also, please enter **your name** then click **YES** to complete the **transfer**. Click **NO** to return to the previous screen.

Authorization Number:	2563428513
Doctor:	PA03859 - S
Patient:	
Valid for Service between:	05/01/2024 - 07/03/2024
Filing Deadline:	7/17/2024

Transfer the Authorization to ...

Transfer to Doctor Account:	<input type="text" value="PA05063"/>	(examples are PA12345, OH54321)
Transfer to Doctor ZIP:	<input type="text" value="17061"/>	
Your Name:	<input type="text" value="Yvonne"/>	

Would you like to **transfer** the Authorization displayed above ?

The following Confirmation screen will display that the transfer was successful and includes the information for the new office.

Change Password | Settings | Contact Us | Logout

Home > Doctor Home

Successful Transfer of Authorization

[Print](#)

General

Authorization Number:	2563428513	
From Doctor:	PA03859 - S	Phone: 717-566-3216
To Doctor:	PA05063 - S	Phone: 717-692-2122
Patient:	CARMEN ANDREOLI	

Note

Authorization **2563428513** has been successfully transferred.

[Previous](#)

Clicking the Previous button will direct you back to the Work Queue. You will notice that the authorization is no longer in the Work Queue.

Change Password | Settings | Contact Us | Logout

Home > Doctor Home

Successful Transfer of Authorization

Print

General

Authorization Number: 2563428513

From Doctor: PA03859 - [Redacted] Phone: 717-566-3216

To Doctor: PA05063 - [Redacted] Phone: 717-692-2122

Patient: CARMEN ANDREOLI

Note

Authorization **2563428513** has been successfully transferred.

[← Previous](#)

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Work Queue - Open Authorizations

Print

Open Authorizations

Issued On	Service Deadline	Patient	Benefits Allowed	Auth. #
<input type="radio"/> 03/27/24	05/27/24	[Redacted]	Full Service	6113225110
<input type="radio"/> 03/01/24	05/01/24	[Redacted]	Exam, Lens, Contacts	1948359762
<input type="radio"/> 03/01/24	05/01/24	[Redacted]	Full Service	4284495348
<input type="radio"/> 05/03/24	07/03/24	[Redacted]	Full Service	1049384726
<input type="radio"/> 04/26/24	06/26/24	[Redacted]	Full Service	5096782613
<input type="radio"/> 05/02/24	07/02/24	[Redacted]	Full Service	6726860303
<input type="radio"/> 05/01/24	07/01/24	[Redacted]	Full Service	0886345314
<input type="radio"/> 02/29/24	04/30/24	[Redacted]	Full Service	9146246559
<input type="radio"/> 03/20/24	05/20/24	[Redacted]	Full Service	9853868535
<input type="radio"/> 04/26/24	06/26/24	[Redacted]	Full Service	8675046171
<input type="radio"/> 03/21/24	05/21/24	[Redacted]	Exam, Lens, Contacts	9223768074
<input type="radio"/> 05/01/24	07/01/24	[Redacted]	Full Service	1243022075
<input type="radio"/> 04/30/24	06/30/24	[Redacted]	Full Service	4870978717
<input type="radio"/> 03/07/24	05/07/24	[Redacted]	Exam, Lens, Frame	5424259000
<input type="radio"/> 03/01/24	05/01/24	[Redacted]	Full Service	1468570513
<input type="radio"/> 03/01/24	05/01/24	[Redacted]	Exam, Lens, Contacts	8519663300
<input type="radio"/> 04/03/24	06/03/24	[Redacted]	Exam, Lens, Contacts	2353422184
<input type="radio"/> 04/22/24	06/22/24	[Redacted]	Exam	0284181772
<input type="radio"/> 02/27/24	04/27/24	[Redacted]	Lens, Frame, Contacts	3926795084

[Submit](#) [New](#) [Print](#) [Extend](#) [Transfer](#) [Delete](#)

This authorization has been removed from the original account - PA03859 and will now display under account PA05063. Notice that the Authorization number and dates remain the same.

Change Password | Settings | Contact Us | Logout

Home > Doctor Home

Vision Benefits of America - Coverage & Authorization Print

General

Authorization Number: 2563428513 Valid for Service between: 05/01/2024 - 07/03/2024

Doctor: PA05063 - Filing Deadline: 07/17/2024

Group: 2280 -

Patient: Relation to Member: Child

Address:

Benefit Notice

If eligible, this plan covers either a routine exam with spectacle lens and frame OR a routine exam and an allowance that can be used toward the cost of the contact lens evaluation/fitting and contact materials.

Benefits

Exam	Lenses	Frames	- OR -	Contacts ²
<input type="checkbox"/> None	<input checked="" type="checkbox"/> Eligible	<input checked="" type="checkbox"/> Eligible		<input checked="" type="checkbox"/> \$150.00

Plan Copays & Allowances

Frame Allowance:	<input checked="" type="checkbox"/> Wholesale: \$60.00	<input type="checkbox"/> Retail: N/A
Copays:	Exam: \$0.00	Lens/Frame: \$0.00
Cost Contained Fees:	Contact Eval and/or Fitting Fee: 85% of UCR	

After all authorizations have been removed from the original account follow instructions for terminating an account if applicable.