



FITCONNECT® TRAINING

TRACKING & REDEEMING FITASSIST® VOUCHERS



What's a FitAssist voucher?

A FitAssist Voucher is redeemable for a free BostonSight SCLERAL fitting for one patient in financial need.

How do I earn a FitAssist voucher?

A FitAssist Voucher is issued to your practice for every 12 patients you fit and complete payment for BostonSight SCLERAL.

Do FitAssist vouchers expire?

Yes, effective June 1, 2020, FitAssist Vouchers will expire 24 months from issue date.

Can I redeem a FitAssist voucher for one eye or both eyes?

Vouchers are redeemed per patient, and can be applied for one or both eyes! A voucher covers the cost of the fit charge but does not include non-

refundable shipping charges, Hydra-PEG coating, and SmartSight HOA®.

How do I access my FitAssist vouchers?

It's easy! Follow these steps in FitConnect.®

- 1 Login to your FitConnect account and go to the Admin menu.
 - 2 Select **FitAssist Vouchers**.
 - 3 Click **View** on a voucher that has status of **Issued** and select the patient and practitioner.
 - 4 Print the voucher and have the patient attest to financial need.
- 1 Scan the signed voucher and upload to FitConnect. Click **Upload** on the voucher screen and browse for the scanned document on your computer.

BostonSight will apply a price adjustment for the patient's Fit order(s)!

Patient View

CRN: Sharer4
 Name: Sharerfour, Sue
 Date of Birth: 01/01/1960
 Email: ssharon@bostonsight.org

SCLERAL Orders

Order Date	Product	Right/Left	Order #	Lens #	SmartSight HOA™	Smart360™	Order Type	Practitioner	Order Status	Rx Status	Fit Exc
2022-09-30	Series A	Left	385260	12	None	None	Fit	Test, T	Completed	-	-
2022-09-29	Series A	Left	385257	11	None	None	Fit	Test, T	Completed	-	-
2017-05-09	Series A	Left	781565	2	None	None	Fit	Test, T	Shipped	Active, View Review	-

Voucher ID	Status	Action
579	Issued	View Unissued
626	Issued	View Unissued
825	Issued	View Unissued

FitAssist™

Test test/Needham/MA

Practice Name/City/State: _____

This FitAssist voucher entitles your practice to one BostonSight SCLERAL fitting charge for one patient (one or both eyes).

Instructions:

1. Select patient and practitioner names from dropdown lists
2. Save and Print voucher
3. The patient attests to financial need by signing the attestation
4. Scan and upload voucher directly into FitConnect through FitAssist Vouchers, or securely email to billing-inquiries@bostonsight.org or fax to (781) 726-7311 (Attn: Accounting)

Patient Attestation:

I, <Select Patient Name>, certify that my income is at or below 200% of the federal poverty income guidelines and that I received my BostonSight SCLERAL lens(es) for free. I understand that this does not apply to my doctor's professional fees.

Patient Signature: _____ Date: _____

Practitioner Attestation:

I, <Select Practitioner Name>, certify that my patient, CRN#, received his/her BostonSight SCLERAL lens(es) for no charge.

Practitioner Signature: _____ Date: _____

*Note that if a patient cancels an order for the lenses, BostonSight Specialty will provide a full credit (with the exception of non-refundable shipping charges, Hydra-PEG coating, and SmartSight HOA) provided that 1. The lenses are physically returned to BostonSight Specialty Lenses within 120 days of the date of the invoice for such lenses; and 2. The original invoice clearly marked "patient cancellation" must be included in the package returned to BostonSight Specialty Lenses, ATTN: Lab Director, with the applicable lenses.