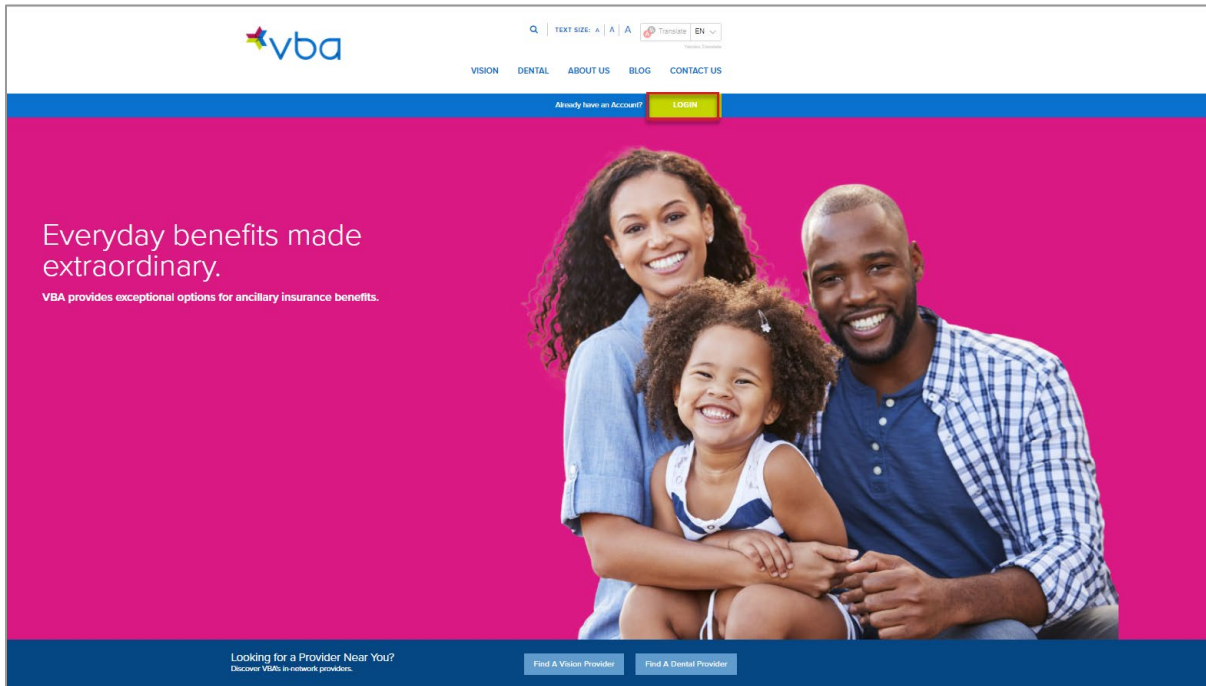
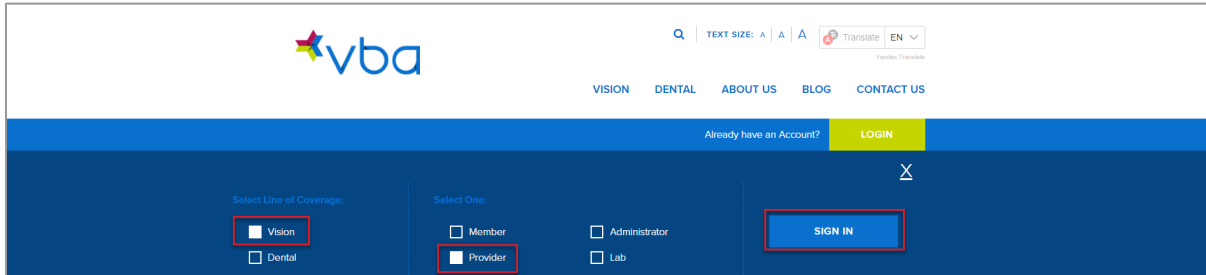


Go to www.vbaplans.com, then click **LOGIN**.



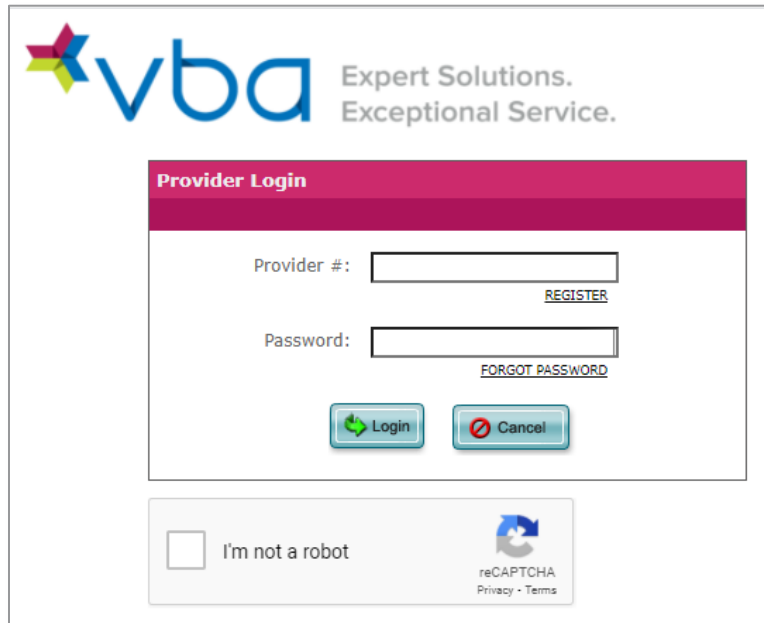
Select **Vision**, then **Provider**, then click **SIGN IN**.



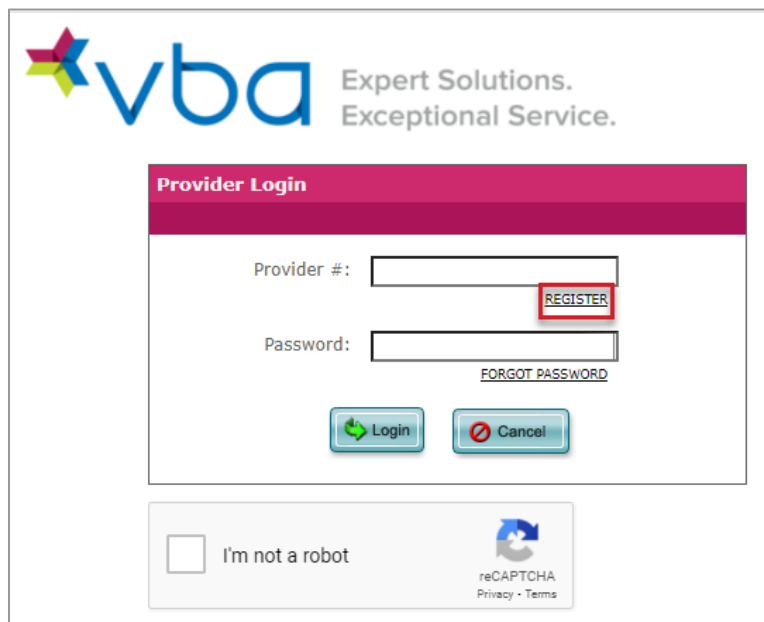
The Provider Login page displays.



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](#).



The first time you access the Portal, you will need to register your unique Provider ID on the Portal to create your password. Click the **Register** link.



The Network Provider Registration page displays.



All fields on the Registration page are required.

For **Provider #**, enter your **unique provider ID** or **Billing Account**, as provided in your Welcome Letter.

Enter your **Zip Code**.



If your **Billing Account** is different than your unique provider ID, please ensure you enter the **Zip Code** for your **Billing Address** when registering your **Billing Account**.

If you have a Billing Account, statements and submitted claims are only visible through the Billing Account and cannot be accessed through location accounts.

Enter your **Tax Identification #** (without the dash).

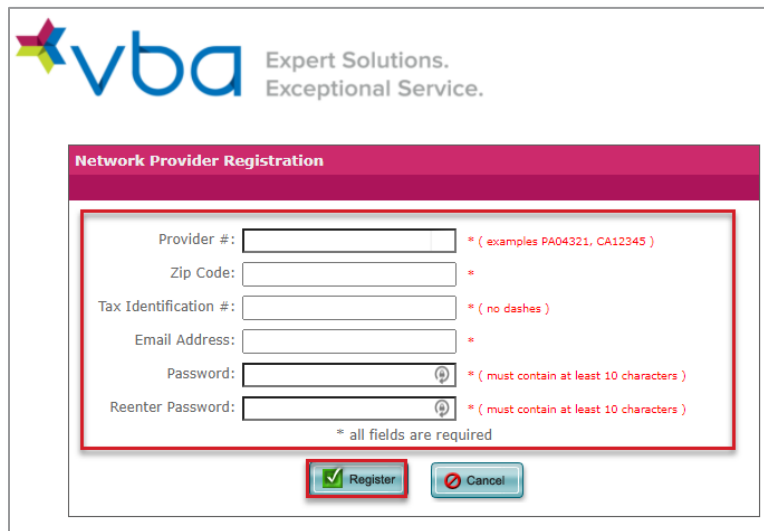
Enter your **Email Address** (this should be a general office e-mail if possible).

Enter your **Password**.



Passwords must be at least 10 characters and are case sensitive.

Reenter your **Password**, then click **Register**.

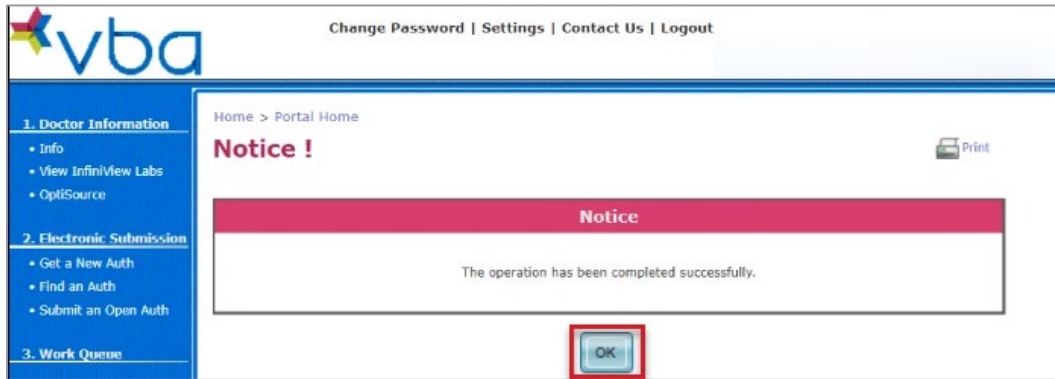


The screenshot shows the 'Network Provider Registration' form. At the top left is the vba logo with the tagline 'Expert Solutions. Exceptional Service.' The form title 'Network Provider Registration' is in a pink header. Below the header is a red-bordered box containing the registration fields:

- Provider #: * (examples PA04321, CA12345)
- Zip Code: *
- Tax Identification #: * (no dashes)
- Email Address: *
- Password: * (must contain at least 10 characters)
- Reenter Password: * (must contain at least 10 characters)

Below the fields, it states '* all fields are required'. At the bottom of the form are two buttons: a green 'Register' button with a checkmark icon and a blue 'Cancel' button with a red 'X' icon.

Once confirmation is provided, click **OK**.



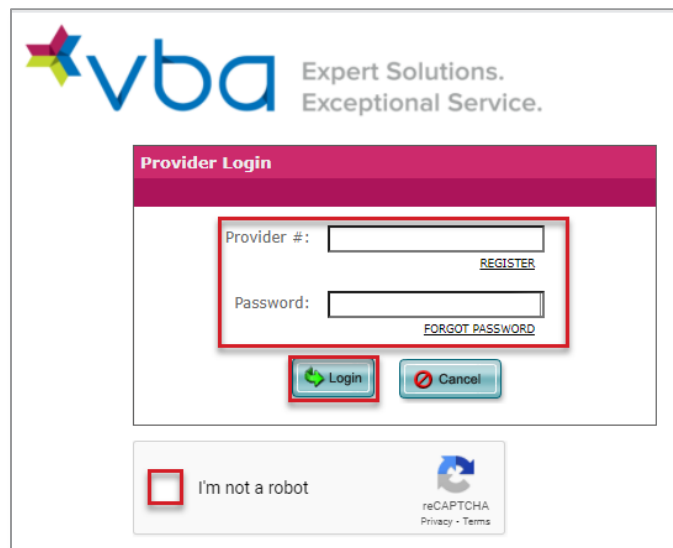
The Provider Login page displays.

Enter your **Provider #**.

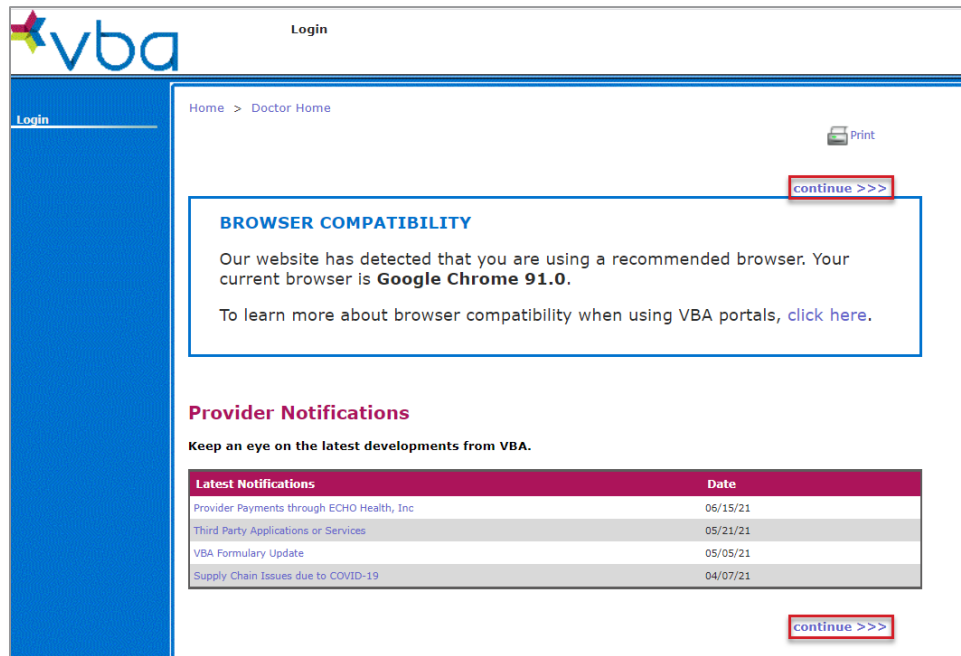
Enter your **Password**.

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

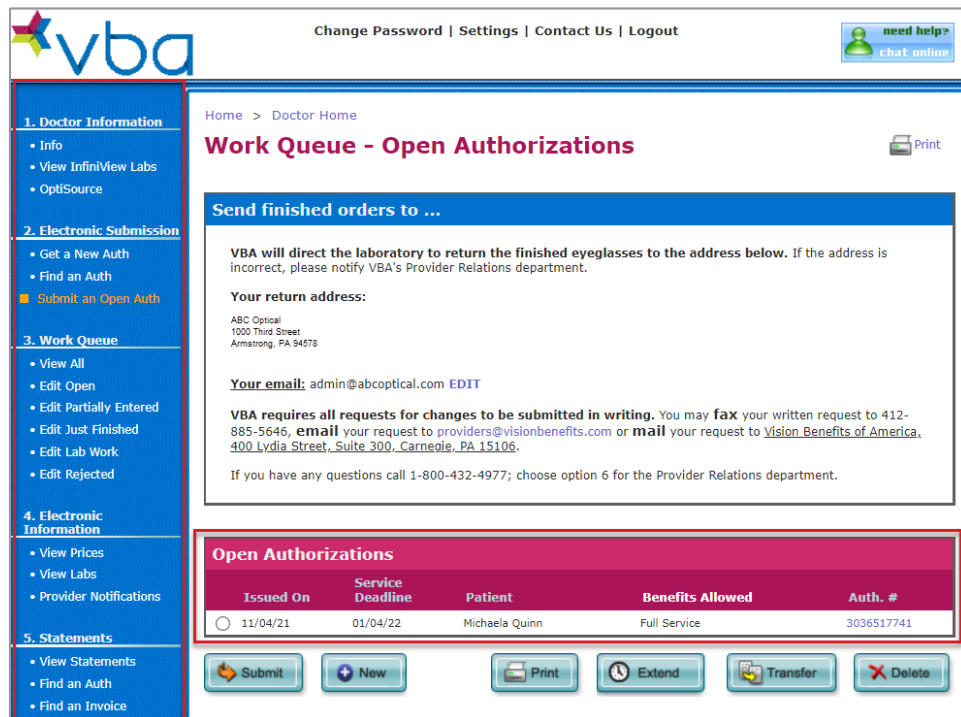
Click **Login**.



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.



To log out, click **Logout** in the top navigation.

The screenshot shows the VBA Doctor Home interface. At the top, there are navigation links: 'Change Password | Settings | Contact Us | Logout' (with 'Logout' highlighted in a red box) and a 'need help? chat online' button. The left sidebar contains a navigation menu with five main sections: 1. Doctor Information, 2. Electronic Submission, 3. Work Queue, 4. Electronic Information, and 5. Statements. The 'Work Queue' section is currently selected. The main content area is titled 'Work Queue - Open Authorizations' and includes a 'Print' button. Below the title is a section for 'Send finished orders to ...' which provides instructions on returning eyeglasses and lists a return address for ABC Optical. It also includes contact information for changes to authorizations. At the bottom, there is a table of 'Open Authorizations' with one entry for Michaela Quinn. Below the table are several action buttons: Submit, New, Print, Extend, Transfer, and Delete.

Home > Doctor Home

Work Queue - Open Authorizations

Print

Send finished orders to ...

VBA will direct the laboratory to return the finished eyeglasses to the address below. If the address is incorrect, please notify VBA's Provider Relations department.

Your return address:

ABC Optical
1000 Third Street
Armstrong, PA 15478

Your email: admin@abcoptical.com [EDIT](#)

VBA requires all requests for changes to be submitted in writing. You may fax your written request to 412-885-5646, email your request to providers@visionbenefits.com or mail your request to Vision Benefits of America, 400 Lydia Street, Suite 300, Carnegie, PA 15106.

If you have any questions call 1-800-432-4977; choose option 6 for the Provider Relations department.

Open Authorizations

Issued On	Service Deadline	Patient	Benefits Allowed	Auth. #
11/04/21	01/04/22	Michaela Quinn	Full Service	3036517741

Submit New Print Extend Transfer Delete

If you experience any difficulty enrolling or have any questions, please [contact us](#).