

Direct Reimbursement Claim Form

Important Information:

1. Use this form to request reimbursement for services received from providers who are out of network.
2. Expenses for both examinations and eyewear can be claimed on this form. Only services listed on this form will be considered for reimbursement.
3. **Make sure that all sections are completed, that you and the providers(s) have signed the form, and that all services, charges, and service dates have been entered. If the form is incomplete, additional information may be required. This may result in a delay of payment for eligible benefits.**
4. Please submit claim reimbursement for each patient on a separate claim form.
5. Please note that the **member's** (or employee's or authorized person's) signature is required on this form.
6. Mail completed claim form to: **Vision Care Processing Unit, P.O. Box 479, Troy, NY 12181.**
7. The completion and submission of this form does not guarantee eligibility for benefits. Please verify your coverage with your benefits office or call 1-800-584-2865. The patient is responsible for the costs of all treatment and materials provided.

Member/Employee Information
** Your Member Identification No. is the number by which the company that sponsors your vision care benefits identifies you.*

(PLEASE PRINT CLEARLY)

 Member Name: _____ Member Identification No.*: _____
First Middle Initial Last

 Mailing Address: _____
Street City State Zip

 Business Phone: _____ Home Phone: _____
Area Code Area Code
Patient Information

 Patient Name: _____
First Middle Initial Last

 Relationship: Member Spouse Child DOB: _____ If student aged 19 or over, attach written proof of attendance at school (if required)

 Are you and your spouse's benefits both provided by the same agency? Yes No

Provider Information
Examiner

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

State License Number: _____

Phone Number: _____

Provider Signature: _____

Dispenser

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

State License Number: _____

Phone Number: _____

Provider Signature: _____

Service	Date of Service	Expense(s) Incurred
1. Eye Examination	(/ /)	\$
2. Frames	(/ /)	\$
3. Single Vision Lenses	(/ /)	\$
4. Bifocal Lenses	(/ /)	\$
5. Trifocal Lenses	(/ /)	\$
6. Contact Lenses	(/ /)	\$
7. Cataract S.V. Lenses	(/ /)	\$
8. Cataract Bifocal Lenses	(/ /)	\$
9. Medically Necessary Contact Lenses	(/ /)	\$
Total		\$

Member/Employee Certification

I certify that the information on this form is correct and authorize the Provider to release appropriate information necessary to process this claim to plan provisions. Additionally, I have read and understand the fraud statement on the back of this form.

Required

Member/Employee or authorized person's signature _____ Date _____



An independent licensee of the Blue Cross and Blue Shield Association

ATTENTION: Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-442-2376 (TTY: 711) or speak to your provider.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-800-442-2376 (TTY: 711) o hable con su proveedor.

注意：如果您說[中文]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-800-442-2376 (TTY: 711) 或與您的提供者討論。」

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-800-442-2376 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-800-442-2376 (TTY: 711) o makipag-usap sa iyong provider.

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-442-2376 (TTY: 711) ou parlez à votre fournisseur.

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-800-442-2376 (TTY:711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-800-442-2376 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama il 1-800-442-2376 (tty: 711) o parla con il tuo fornitore.

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-800-442-2376 (TTY: 711) или обратитесь к своему поставщику услуг.

PERHATIAN: Layanan bantuan bahasa gratis tersedia untuk Anda. Bantuan dan layanan tambahan yang sesuai untuk menyediakan informasi dalam format yang mudah diakses juga tersedia gratis. Hubungi 1-800-442-2376 (TTY: 711) atau hubungi penyedia layanan Anda.

注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-800-442-2376 (TTY: 711) までお電話ください。または、ご利用の事業者にご相談ください。

सावधान: यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका लागि निःशुल्क भाषिक सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायता र सेवाहरू पनि निःशुल्क उपलब्ध छन्। 1-800-442-2376 (TTY: 711) मा फोन गर्नुहोस् वा आफ्नो प्रदायकसँग कुरा गर्नुहोस्।

توجه: اگر [وارد کردن زبان] صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک‌ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس، به‌طور رایگان موجود می‌باشند. با شماره 1-800-442-2376 (تله‌تایپ: 711) تماس بگیرید یا با ارائه‌دهنده خود صحبت کنید.

ध्यान आपो: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઓફિસિલરી સહાય અને એક્સેસિબલ ફોર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-800-442-2376 (TTY: 711) પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

YÁ'ÁT'ÉÉH: Díí naaltsoos nihá niháji'ígíí doo shíí bééhózin da, t'áá jíík'ehgo saad bee ákót'ée' dooleef. Naaltsoos hólq holne'ígíí dooleef t'áá shikaadéet nihá niháji'ígíí, t'áá hodooháagu. Bee hodílnih 1-800-442-2376 (TTY: 711) náshdóól doo níjíí' nihát bééhózinígíí yáhoot'éeé.

This Notice is Being Provided as Required by the Affordable Care Act