PDF-1801-R-351

Claim submissions made easy

If you saw an out-of-network eye doctor *and* you have out-of-network benefits, your next step is to send a completed out-of-network claim form. Here's how:

1. **Online.** Click below to complete an electronic claim form. Go green and get paid faster.

   Access Form

– OR –

2. **By mail.** Complete and return the following paperwork.

Claim forms must be submitted within 15 months of the date of service. For complete terms and conditions, review the claim form.

STAY IN-NETWORK AND SAVE ON YOUR NEXT VISIT.

CHOOSE AN EYE DOCTOR

With thousands of providers across the nation, you can see who you want to see, when and where you want to see them. Whether it's an independent eye doctor, popular retailer or even online, you have options.

Easily find an eye doctor using the provider locator on your vision benefit member homepage. Search by location, store hours and more - and then schedule your appointment.**

WATCH IT ADD UP

Members who combine an eye exam and new glasses save an average of 72% off retail prices.†

NEVER PAY STICKER PRICE

Recieve additional discounts like: ††

- 40% off additional pairs
- 20% off non-prescription sunglasses
- Up to 20% off anything above your frame allowance

FORM FREE

When you stay in-network it's easy to get an eye exam and get on with your day. There's no paperwork to fill out or forms to file. Everything is done for you.

INDEPENDENT PROVIDER NETWORK + LENSCRAFTERS PEARLE VISION TARGET OPTICAL sears OPTICAL

**Vision care services frequency may vary. Check your benefits to verify your frequency of services type. **At select in-network providers. †Savings comparison of EyeMed versus care without vision benefits. ††Discounts are not insured benefits and are available at participating in-network providers. Not all discounts are available at all provider locations. Discounts and benefits may vary. Check your benefits.*

FIRST AMERICAN ADMINISTRATORS, INC.
A wholly owned subsidiary of EyeMed Vision Care

OUT OF NETWORK VISION SERVICES CLAIM FORM

Claim Form Instructions

To request reimbursement, please complete and sign the itemized claim form.
Return the completed form and your itemized paid receipts to:
First American Administrators, Inc.
Attn: OON Claims
P.O. Box 8504
Mason, OH 45040-7111

Patient Last Name **(Required)**			
Patient First Name **(Required)**	MI	Birth Date (*MM/DD/YYYY*)	
Street Address	City	State	Zip Code
Patient Member ID:	Relationship to the Subscriber : ☐ Self ☐ Dependent		
Doctor or Store Name where you received service (Required) :			
Subscriber Last Name **(Required)**			
Subscriber First Name **(Required)**	MI	Birth Date (*MM/DD/YYYY*)	
Street Address	City	State	Zip Code
Vision Plan Name	Date of Service -**Required** (*MM/DD/YYYY*)		
Vision Plan Group #	Subscriber Member ID #		

REQUIRED -*Request For Reimbursement –Enter Amount Charged. Remember to include itemized paid receipts:*

Service Type	Amount Charged	Lens Type:	Lens Options: (if purchased)	Amount Charged
Exam *92014*	$.	☐ Single *V2100*	Anti-Reflective *V2750*	$.
Refraction *92015*	$.	☐ Bifocal *V2200*	Polycarbonate *V2784*	$.
Frame *V2025*	$.	☐ Trifocal *V2300*	Scratch *V2760*	$.
Contact Lens *S0500*	$.	☐ Progressive *V2781*	Tint *V2745*	$.
Contact Lens Fitting *92310*	$.	☐ Prem Prog *V278126*	UV *V2755*	$.
Lenses	$.	Other$	Roll & Polish *V2702*	$.

Required: Enter Total Amount Paid as shown on receipt, excluding sales tax$, .

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OUT OF NETWORK
VISION SERVICES CLAIM FORM

I hereby understand that without prior authorization from EyeMed Vision Care LLC for services rendered, I may be denied reimbursement for submitted vision care services for which I am not eligible. I hereby authorize any insurance company, organization employer, ophthalmologist, optometrist and optician to release any information with respect to this claim. ***By signing this claim form, I certify that I have read the applicable claim fraud warnings included with this form, and that all of the information furnished by me is true and correct.***

Member/Guardian/Patient Signature (not a minor) _____Date:_____

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OUT OF NETWORK VISION SERVICES CLAIM FORM

NETWORK ACCESS EXCEPTIONS

We work hard to make sure that you have access to thousands of eye doctors across the nation. Whether it's due to location or provider availability, you may need to go out-of-network to receive care.

If this applies to you, please complete the following form. If not, please skip this section.

Based from your home or office location, you have the right to obtain in-network level of benefits with an out-of-network provider when: (i) you cannot schedule a visit within two-weeks, (ii) you are unable to locate a participating provider within a 10-mile radius in an **urban-suburban** area, or (iii) you are unable to locate a participating provider within a 20-mile radius in a **rural area**. You must submit a claim form to EyeMed for reimbursement.

Caution, this option is not available when you choose to use an out-of-network provider due to (i) your preference, (ii) when your personal schedule does not permit you to schedule an appointment with an available provider in two-weeks, (iii) or you are outside of your home or office location. Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Check the boxes that apply. I acknowledge that I fit into one or more of the following criteria:

☐ I was unable to schedule a visit within two-weeks with a participating provider.

Please provide the participating provider's name, location and contact information in which you attempted to schedule an appointment:

Provider's name: _____ Location: _____
Telephone number: _____

☐ I was unable to locate a participating provider within a 10-mile radius in an **urban-suburban area**.

Please provide the zip code in which you were attempting to locate a provider: Zip code: _____
Or
☐ I was unable to locate a participating provider within a 20-mile radius in a **rural area**.

Please provide the zip code in which you were attempting to locate a provider: Zip code: _____

Should you fail to provide the requested information associated with the criteria you selected above, you agree that we can process your claim as an out-of-network claim.

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OUT OF NETWORK VISION SERVICES CLAIM FORM

Revision date 04/12/18

STATE FRAUD WARNING STATEMENTS

General Fraud Warning: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud and may be subject to fines and confinement in prison.

For the states of AL, AK, AZ, AR, CA, CO, DE, DC, FL, GA, HI, ID, IN, KS, KY, LA, MA. MD, ME, MN, NC, NE, NH, NJ, NM, NY, OH, OK, OR, PA, PR, RI, TN, TX, VA, VT, WA and WV, please refer to the following fraud notices:

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona: For your protection, Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas, Louisiana, Rhode Island, West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Delaware: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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OUT OF NETWORK VISION SERVICES CLAIM FORM

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Georgia, Vermont: Any person who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Hawaii: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Idaho: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

Indiana: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kansas: Any person who with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud as determined by a court of law.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Massachusetts: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Nebraska: Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing false, incomplete or misleading information is guilty of insurance fraud.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any material fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

North Carolina: Any person with the intent to injure, defraud, or deceive an insurer or insurance claimant is guilty of a crime (Class H felony) which may subject the person to criminal and civil penalties.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon: Any person who knowingly, and with intent to defraud any insurance company or other persons files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, may be subject to prosecution for insurance fraud.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand ($5,000) and not more than ten thousand ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Texas: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Virginia: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.