

Out-of-Network Reimbursement Claim Form

Instructions:

1. Use this form to request reimbursement for services received from providers not in the Davis Vision network.
2. **Each patient's services must be claimed on a separate form.** Expenses for both examinations and eyewear can be claimed on this form.
3. Be sure that all sections have been completed and that you and the provider(s) have signed the form.
4. Mail the completed form along with original receipts to: **Vision Care Processing Unit, P.O. Box 1525, Latham, NY 12110.**

Member 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 to member: Self Spouse/Domestic Partner Child Date of Birth: _____

Provider Information

Examiner	Dispenser (if different from examiner)
Name: _____	Name: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Federal Tax I.D. Number: _____	Federal Tax I.D. Number: _____
Phone Number: (____) _____	Phone Number: (____) _____
Provider Signature: _____	Provider Signature: _____

Service	Date of Service	Amount
1. Eye Examination		\$
2. Frames		\$
3. Prescription Single Vision Lenses		\$
4. Bifocal Lenses		\$
5. Trifocal Lenses		\$
6. Elective Contact Lenses		\$
7. Lenticular Single Vision Lenses		\$
8. Lenticular Bifocal Lenses		\$
9. Medically Necessary Contact Lenses		\$
Total		\$

Important Information

1. Complete all MEMBER and PATIENT areas.
2. Break down all services and costs in their respective areas.
3. Make sure the provider and dispenser areas have been filled in and service dates have been entered.
4. Make sure this form has been signed by the MEMBER.
5. **FOR MEMBERS/PATIENTS RESIDING IN TN ONLY:** Tennessee state law stipulates that it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

your maximum reimbursement will be less any applicable copayment

I certify that the information on this form is correct and authorize the Provider to release any appropriate information necessary to process this claim to plan benefit provisions. Additionally, I have read and understand item 5 under Important Information, above.

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

FRAUD STATEMENT

Any person who knowingly and with intent to defraud and deceive any insurance company submits an insurance application or statement of claim containing any false, incomplete or misleading information may be subject to civil or criminal penalties, depending upon state law.

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

In **New Jersey**, any person who includes any false or misleading information on an application for insurance is subject to criminal and civil penalties.

In **New York**, applicants for Accident and Health Insurance: 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 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.

In **Kentucky and 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.

In **Tennessee**, state law stipulates that it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.