



Dear Member:

You have requested an Out of Network claim form for vision services to be provided outside of the EyeMed Vision Care network.

EyeMed plans allow members to select the provider of their choice, in or out of the network. EyeMed has designed benefit plans to deliver the quality care, matched with comprehensive benefits, at the most affordable cost, through our in-network services. Members also have the flexibility to visit an out-of-network provider, with a reduction in benefits.

If you choose to go to an Out of Network provider, please complete the following steps prior to submitting your Out of Network claim form.

1. Visit your provider of choice to receive vision care services. Please remember, you are responsible for payment of vision care services at the time of service. EyeMed Vision Care will reimburse you for authorized services according to your plan design. Please consult your plan design for the listing of qualified services and their reimbursement amounts.
2. Complete the Patient Information portion of your claim form.
3. Complete the Plan Information Portion of your claim form. This information can be found on your benefit card or by contacting your Human Resources Department.
4. Complete the Request for Reimbursement portion of the form.
5. Sign the claim form. If the patient is a minor, the parent or legal guardian is required to sign the claim form.
6. Attach itemized receipts from your provider to the claim form. Please include the following breakdown of costs:

EXAM  
FRAMES

LENSES (specific prescription and type of lenses)

CONTACT LENSES (specific prescription and type of lenses)

7. Mail the claim form to:

EyeMed Vision Care Claims Processing  
P.O. Box 498488  
Cincinnati, OH 45249-8488

or fax all the information to (866) 293-7373.

If you would want to be pre-authorized for vision care benefits, please contact EyeMed toll-free at 1-877-226-1115, Option 2, Mon. – Fri. 8 a.m. – 5 p.m. EST. After hours, please leave a voice mail request, including patient name, Member ID and the requested services and your daytime telephone number. This will ensure your eligibility for vision care benefits.

If you submit incomplete documentation, a delay in reimbursement may occur. Without prior authorization for services, there is a risk that you may not receive the entire benefit you are requesting reimbursement for.

Thank You,

EYEMED VISION CARE

