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 479, Troy, NY 12181.**

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: _____ (First / Middle Initial / Last) *Member Identification No.: _____

Mailing Address: _____ (Street / City / State / Zip)

Business Phone: ( ) _____ (Area Code) Home Phone: ( ) _____ (Area Code)

Patient Information

Patient Name: _____ (First / Middle Initial / Last)

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

Provider Information

Examiner

Name: _____ OD ☐ MD ☐

Address: _____

City: _____ State: ____ Zip: _____

Federal Tax I.D. Number: _____

Phone Number: ( ) _____

Provider Signature: _____

Dispenser (if different from examiner)

Name: _____ OD ☐ MD ☐

Address: _____

City: _____ State: ____ Zip: _____

Federal Tax I.D. Number: _____

Phone Number: ( ) _____

Provider Signature: _____

Service	Date of Service	Expense(s) Incurred
1. Eye Examination OD ☐ MD ☐		$
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.

Required

Member's or authorized person's signature

/ /

Date

FRAUD STATEMENTS

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 and/or criminal penalties, which may include the payment of restitution, fines, imprisonment, loss of insurance and/or denial of benefits, depending upon state law.

In **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.

In **California**, for your protection California law requires the following to appear on this form. "Any person who knowingly presents a 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."

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**, 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**, any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

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

In **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 **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 $5,000 and not more than $10,000, or a fixed term of imprisonment for 3 years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of 5 years, if extenuating circumstances are present, it may be reduced to a minimum of 2 years. Noncompliance will result in administrative fines. Failure to include this notice on the indicated forms shall not constitute a defense for the insured or the third party claimant.

For **Colorado**, **Maine**, **Tennessee**, **Virginia**, **Washington**, & **Washington, D.C.** residents: 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.