National Vision Administrators, L.L.C.

OUT OF NETWORK VISION CARE CLAIM FORM

Many NVA vision plans allow members the choice to visit a Participating Vision Care Provider or Non-participating Vision Care Provider. If you do decide to use a Non-participating Provider and your vision benefit allows out of network coverage, you can submit a direct claim to NVA for reimbursement according to your benefits. Please reference your NVA vision benefit to ensure you have out of network coverage.

VISION CLAIM FORM INSTRUCTIONS

- Use this form to obtain reimbursements for out of network services according to your plan design
- Part A to be completed by Employee
- Part B to be completed by your Eye Care Professional (Optional)
- Part C to be completed by your Eyewear Dispenser
- Scan and submit form by e-mail to: visionclaims@e-nva.com
- Submit the form by fax to: (973) 574-2430
- Submit the form by mail to: **National Vision Administrators, L.L.C.**
  P.O. Box 2187
  Clifton, New Jersey, 07015
- Include a copy of your receipts with your completed vision care claim form
- If you have any questions, please contact NVA at (800) 672-7723

National Vision Administrators, L.L.C.

VISION CARE CLAIM FORM

NATIONAL VISION ADMINISTRATORS, L.L.C.
P.O. BOX 2187 / CLIFTON, NJ 07015
800-672-7723

PLEASE PRINT INFORMATION

PART A: TO BE COMPLETED BY EMPLOYEE

1. EMPLOYEE'S NAME (LAST, FIRST, MIDDLE)	2. EMPLOYEE'S ADDRESS (No., Street, City, State, Zip Code)	
3. EMPLOYEE'S IDENTIFICATION #	4. EMPLOYEE'S TELEPHONE #	
5. EMPLOYER'S NAME	6. EMPLOYER'S ADDRESS (No., Street, City, State, Zip Code)	
7. PATIENT'S NAME (LAST, FIRST, MIDDLE)	8. PATIENT'S GENDER	9. PATIENT'S DATE OF BIRTH

10. PATIENT RELATIONSHIP TO EMPLOYEE ☐ SELF ☐ SPOUSE ☐ CHILD ☐ STUDENT ☐ HANDICAPPED OTHER: _____

11. PATIENT IS COVERED BY ANOTHER VISION PLAN ☐ YES ☐ NO	PLAN NAME	GROUP #

12. NAME AND ADDRESS OF OTHER VISION CARRIER

Anyone 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 subject such person to criminal and civil penalties.

PART B: TO BE COMPLETED BY EYE CARE PROFESSIONAL (OPTIONAL)

1. DOCTOR'S NAME (LAST, FIRST, MIDDLE)	2. TITLE	☐ MD	☐ DO	☐ OD	3. TAXPAYER IDENTIFICATION #
4. DOCTOR'S ADDRESS (No., Street, City, State, Zip Code)					5. BUSINESS PHONE # (area code)

6. TYPE OF SERVICE	7. COST $	8. EXAM DATE	9. AMT PAID BY PATIENT $	9. CATARACT SURGERY PERFORMED ☐ YES ☐ NO

10. CAN VISUAL ACUITY BE RESTORED TO 20/70 IN THE BETTER EYE WITH CONVENTION EYEGLASSES? ☐ YES ☐ NO

11. DOES PATIENT REQUIRE A PRESCRIPTION CHANGE AT THIS TIME? ☐ YES ☐ NO

12. DIAGNOSTIC CODE(s)	14. VISUAL ACUITY CORRECTED TO:

13. INDICATE DIAGNOSIS OR NATURE OF DISEASE, INJURY, VISION DISORDER. CODE #'S INDICATE PROCEDURE

15. DOCTOR'S PRESCRIPTION

		SPHERE	CYLINDER	AXIS	PRISM	BASE
R.E.			●			
L.E.			●			
READING ADD		R.E.	+ ●		L.E.	+ ●

16. I hereby certify that I have performed the services as indicated heron.

DOCTOR'S SIGNATUR DATE

PART C: TO BE COMPLETED BY DISPENSER

1. DISPENSER'S NAME (LAST, FIRST, MIDDLE)			2. TAXPAYER IDENTIFICATION #	
3. DISPENSER'S ADDRESS (No., Street, City, State, Zip Code)			4. BUSINESS PHONE # (area code)	
5. DATE RANGE OF SERVICE (MM/DD/YY)	6. PLACE OF SERVICE		7. TYPE OF SERVICE	8. DIAGNOSIS CODE
9. PROCEDURES, SERVICES, OR SUPPLIES (Explain unusual circumstances)	CPT/HCPC	MODIFIER	10. CHARGES $	11. DAYS OR UNITS
12. DATE RANGE OF ADDITIONAL SERVICES	13. PLACE OF SERVICE		14. TYPE OF SERVICE	15. DIAGNOSIS CODE
16. PROCEDURES, SERVICES, OR SUPPLIES (Explain unusual circumstances)	CPT/HCPC	MODIFIER	17. CHARGES $	18. DAYS OR UNITS

19. PATIENT'S ACCOUNT #	20. TOTAL CHARGED $	21. AMOUNT PAID $	22. BALANCE DUE $

23. I HEREBY CERTIFY THAT I HAVE PROVIDED THE SERVICES AS INDICATED HEREON

DISPENSER'S SIGNATURE DATE

Scan and submit via e-mail: visionclaims@e-nva.com or submit via fax at 973-574-2430

National Vision Administrators, L.L.C.

GENERAL FRAUD NOTICE: 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.

FRAUD NOTICE: For the states of AL, AZ, AR, CO, DE, DC, FL, GA, IN, KS, KY, LA, MD, ME, NC, NE, NH, NJ, NM, OK, OR, PA, 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.

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.

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.

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, Oregon, 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.

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.

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.

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.

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 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.

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.

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.

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.