# Member Reimbursement Claim Form

Use this form for reimbursement of services received from an out-of-network provider, or when you have utilized an in-store sale or promotion from an in-network provider.

*Subscriber Information* *(Please print clearly)*

| Subscriber Name | Daytime Phone ( ) | Evening Phone ( ) | |
|---|---|---|---|
| Mailing Address | City | State | Zip |
| Subscriber ID Number | Name of Employer | | |

*Patient Information*

| Patient Name | Date of Birth / / | Authorization Number | Full Time Student* ☐ Yes ☐ No *Verification may be required |
|---|---|---|---|

*Claim Information*

| Date of Service: _____<br><br>Exam: $_____<br>Frame: $_____ | Single Vision Lenses: $_____<br>Bifocal Lenses: $_____<br>Trifocal Lenses: $_____<br>Progressive Lenses: $_____ | Contacts: $_____<br>Contact Lens Fitting Exam: $_____<br>Extra Ad-Ons: $_____<br>Other:_____ $_____ |
|---|---|---|

Is the provider an in-network provider? ☐ Yes ☐ No

Provider Name_____ Phone Number_____

**If you saw an in-network provider:**

Are you applying for reimbursement after using an in-store sale or promotion?
☐ Yes ☐ No

If you see an in-network provider but choose to take advantage of a sale, coupon, or other in-store special, the provider may require that you pay in full and then submit your receipt to Superior Vision for reimbursement at the out-of-network rates.

If you have co-pays, these are paid to your in-network provider at the time of your visit. You are also responsible for paying for any services or materials that are not covered or that exceed your benefit plan coverage. If you paid in full for your service, please provide a brief explanation as to why your provider did not bill us on your behalf.

Mail a copy of the itemized invoice or receipt imprinted with the provider's name and address along with this form to the contact information below. Please retain the original for your records.

**Superior Vision**
**Attn: Claims Processing**
**P.O. Box 967**
**Rancho Cordova, CA 95741**

Questions? Please call our Customer Service department at (800) 507-3800