

## Claim submissions made easy

If you saw an out-of-network eye doctor *and* you have out-of-network benefits, your next step is to send a completed out-of-network claim form. Here's how:

### Online

Click below to complete an electronic claim form.  
Go green and get paid faster.

–OR–

### By mail

Complete and return the following paperwork.

***If you will be using electronic assistive devices to complete the form, please use the online form.***

*Claim forms must be submitted within 12 months of the date of service. For complete terms and conditions, review the claim form.*

# Claim Form Instructions

To request reimbursement, please complete and sign the itemized claim form. Return the completed form and your itemized paid receipts to:

**Email:** oonclaims@eyewearspecialoffers.com | **Fax:** 866-293-7373

**Mail:** Wellpoint Vision, Attn: OON Claims, P.O. Box 8504, Mason, OH 45040-7111

**Patient Last Name<sup>†</sup>** **Patient First Name<sup>†</sup>** **MI**

**Birth Date (MM/DD/YYYY)<sup>†</sup>** **Street Address<sup>†</sup>**

**City<sup>†</sup>** **State<sup>†</sup>** **Zip Code<sup>†</sup>**

**Patient Member ID #** **Relationship to Subscriber**  
Self      Dependent

**Doctor or Store Name where you received service<sup>†</sup>**

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**Subscriber Last Name<sup>†</sup>** **Subscriber First Name<sup>†</sup>** **MI**

**Birth Date (MM/DD/YYYY)** **Street Address**

**City** **State** **Zip Code**

**Vision Plan Name** **Date of Service<sup>†</sup> (MM/DD/YYYY)**

**Vision Plan Group #** **Subscriber Member ID #**

**OUT OF NETWORK/INDEMNITY VISION SERVICES CLAIM FORM**

# Request for Reimbursement

Enter Amount Charged.<sup>†</sup> Remember to include itemized paid receipts.<sup>†</sup>

<b>Service Type</b>	<b>Amount Charged</b>	<b>Lens Type</b>	<b>Please Check</b>	<b>Lens Options: Amount (if purchased) Charged</b>
<b>Exam</b> *92014*	\$	<b>Single</b> *V2100*		<b>Anti-Reflective</b> *V2750* \$
<b>Refraction</b> *92015*	\$	<b>Bifocal</b> *V2200*		<b>Polycarbonate</b> *V2784* \$
<b>Frame</b> *V2025*	\$	<b>Trifocal</b> *V2300*		<b>Scratch</b> *V2760* \$
<b>Contact Lens</b> *S0500*	\$	<b>Progressive</b> *V2781*		<b>Tint</b> *V2745* \$
<b>Contact Lens Fitting</b> *92310*	\$	<b>Prem Prog</b> *V278126*		<b>UV</b> *V2755* \$
<b>Lenses</b>	\$	<b>Other</b>	\$	<b>Roll and Polish</b> *V2702* \$

Enter Total Amount Paid as shown on receipt, excluding sales tax<sup>†</sup> \$

<sup>†</sup>Required

## OUT OF NETWORK/INDEMNITY VISION SERVICES CLAIM FORM

I hereby understand that without confirmation from Blue View Vision for services rendered, I may be denied reimbursement for submitted vision care services for which I am not eligible. I hereby authorize any insurance company, organization employer, ophthalmologist, optometrist and optician to release any information with respect to this claim. By signing this claim form, I certify that I have read the applicable claim fraud warnings included with this form, and that all the information furnished by me is true and correct.

**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 material 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.

Additional State Fraud Warning Statements listed on the following page.

**Member/Guardian/Patient Signature** (not a minor)<sup>†</sup>

**Date**

<sup>†</sup>Required

## State Fraud Warning Statements

**General Fraud Warning:** Any person who, with 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 is guilty of insurance fraud and may be subject to fines and confinement in prison.

For the states of AL, AK, AZ, AR, CA, CO, DE, DC, FL, GA, HI, ID, IN, KS, KY, LA, MA, MD, ME, MN, NC, NE, NH, NJ, NM, NY, OH, OK, OR, PA, PR, 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.

**Alaska:** A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**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.

**California:** For your protection, California law requires the following to appear on this form: Any person who knowingly presents 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.

**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.

## OUT OF NETWORK/INDEMNITY VISION SERVICES CLAIM FORM

**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, 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.

**Hawaii:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**Idaho:** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

**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 there to commits a fraudulent insurance act, which is a crime.

**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.

## OUT OF NETWORK/INDEMNITY VISION SERVICES CLAIM FORM

**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.

**Massachusetts:** Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

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

**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.

**Ohio:** Any person who, with 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 is guilty of insurance fraud.

**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.

## OUT OF NETWORK/INDEMNITY VISION SERVICES CLAIM FORM

**Oregon:** Any person who knowingly, and with intent to defraud any insurance company or other persons 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, may be subject to prosecution for insurance fraud.

**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.

**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 five thousand (\$5,000) and not more than ten thousand (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**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.



## Network Access Exceptions

We work hard to make sure that you have access to thousands of eye doctors across the nation. Whether it's due to location or provider availability, you may need to go out-of-network to receive care.

**If this applies to you, please complete the following form. If not, please skip this section.**

Based from your home or office location, you have the right to obtain in-network level of benefits with an out-of-network provider when: (i) you cannot schedule a visit within two-weeks, (ii) you are unable to locate a participating provider within a 10-mile radius in an urban-suburban area, or (iii) you are unable to locate a participating provider within a 20-mile radius in a rural area. You must submit a claim form to Blue View Vision for reimbursement.

Caution, this option is not available when you choose to use an out-of-network provider due to (i) your preference, (ii) when your personal schedule does not permit you to schedule an appointment with an available provider in two-weeks, (iii) or you are outside of your home or office location. 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.

## OUT OF NETWORK/INDEMNITY VISION SERVICES CLAIM FORM

**Check the boxes that apply. I acknowledge that I fit into one or more of the following criteria:**

I was unable to schedule a visit within two-weeks with a participating provider. Please provide the participating provider's name, location and contact information in which you attempted to schedule an appointment:

**Provider's Name** **Provider Telephone Number** (000-000-0000)

**Provider Street Address**

**City**

**State**

**Zip Code**

I was unable to locate a participating provider within a 10-mile radius in an urban-suburban area.

Please provide the zip code in which you were attempting to locate a provider:

**Zip Code**

**OR**

I was unable to locate a participating provider within a 20-mile radius in a rural area.

Please provide the zip code in which you were attempting to locate a provider:

**Zip Code**

**Should you fail to provide the requested information associated with the criteria you selected above, you agree that we can process your claim as an out-of-network claim.**