



### Vision Care Direct Reimbursement Claim Form

**Important Information:**

- . Use this form to request reimbursement for services received from a non-participating provider.
- . Expenses for both eye examinations and eyewear can be listed on this form.
- . Make sure that all applicable sections are completed, that you and the provider have signed the form, and all services, costs, and service data have been entered. A signed itemized receipt from the provider must be attached to this claim form.
- . Please note that the **member's** signature is required on this form.
- . Mail completed form along with original receipts to: **CSEA Employee Benefits Fund, PO Box 516, Latham, NY 12110.**
- . To verify your current eligibility or speak with a representative, contact us at 1-800-323-2732.

**Member Information (PLEASE PRINT CLEARLY)**

Member Name: \_\_\_\_\_ Member Social Security No.: \_\_\_\_\_  
First Middle Initial Last

Mailing Address: \_\_\_\_\_  
Street City State Zip

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Area Code Area Code

**Patient Information**

Patient Name: \_\_\_\_\_  
First Middle Initial Last

Relationship:  Member  Spouse  Child (Date of Birth): \_\_\_\_\_  Other

**Provider Information**

<b>Examiner</b>	<b>Dispenser</b>
Name: _____	Name: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Federal Tax I.D. Number: _____	Federal Tax I.D. Number: _____
Phone Number: _____	Phone Number: _____
Provider Signature: _____	Provider Signature: _____

Service	Date of Service	Amount
. Eye Examination		\$
. Frames		\$
. Single Vision Lenses (not plano)		\$
. Bifocal Lenses		\$
. Trifocal Lenses		\$
. Contact Lenses		\$
. Cataract S.V. Lenses		\$
. Cataract Bifocal Lenses		\$
<b>Total</b>		\$

**Member Certification**

certify that the information on this form is correct and authorize the Provider to release appropriate information necessary to process this claim according to plan benefit provisions.

\_\_\_\_\_ Date \_\_\_\_\_  
**Member signature**