Opticare Vision Services Out of Network Reimbursement Request

Insured Member Identification Number	
Insured Member's Full Name	
Insured Daytime Phone Number	
Insured Address	
Patient Name	
Date of Service	
Place of Service - Provider Name	
Provider Phone Number	
Provider Address	

Itemized Price(s) Paid		
	Examination	
	Dilation	
	Contact Fitting	
	Lenses	
	Scratch Coating	
	UV Coating	
	Coatings and Extras	
	Frame	
	Contact Lenses	

Please submit completed form & itemized receipt to:

Opticare Vision Services
1901 West Parkway Blvd
Salt Lake City, UT 84119
Fax (801) 954-0054
Toll Free Fax (888) 547-4227
service@opticarevisionservices.com

Questions or Comments : (800) 363-0950
www.opticarevisionservices.com

Policy and Procedures
Opticare Vision Services will process your claim within 30 days from the date received. All information requested is required to process your claim completely. If information is missing, the claim will not be processed completely and may add time to the receipt of payment. Opticare Vision Services will mail your check to the insured's mailing address listed on file. If the address may have changed recently, please contact the insured's Human Resource department to have them submit the address change to Opticare Vision Services for updating.
Out of Network Provider must be a licensed Optician, Optometrist, or Ophthalmologist to qualify - No website/online purchases are covered. Full Allowance qualification is based on retail pricing. Please see Plan Outline.