

CLAIM INSTRUCTIONS

- Use this form to obtain reimbursement for services
- Part A to be completed by Employee
- Part B to be completed by your Eye Care Professional (Optional)
- Scan and submit the form by email 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
- If you have any questions, please contact NVA at (800) 672-7723



National Vision Administrators, L.L.C.
www.e-nva.com

VISION CARE CLAIM FORM

NATIONAL VISION ADMINISTRATORS, L.L.C
P.O. BOX 2187 / CLIFTON, NEW JERSEY 07015
(800) 672-7723

PRINT ALL INFORMATION

PART A - TO BE COMPLETED BY EMPLOYEE

Form section containing fields 1-10: 1. EMPLOYEE'S NAME, 2. EMPLOYEE'S ADDRESS, 3. EMPLOYEE'S IDENTIFICATION NO, 4. TELEPHONE NUMBER, 5. EMPLOYER NAME, 6. EMPLOYER ADDRESS, 7. PATIENT'S NAME, 8. PATIENT'S RELATIONSHIP TO EMPLOYEE, 9. PATIENT'S SEX, 10. PATIENT'S DATE OF BIRTH, 11. IS PATIENT COVERED FOR VISION CARE BY ANOTHER PLAN?, 12. VISION PLAN NAME, GROUP NO., NAME AND ADDRESS OF CARRIER.

12. 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.

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

Form section containing fields 1-12: 1. DOCTOR'S NAME, 2. TAXPAYER IDENTIFICATION NO., 3. DOCTOR'S ADDRESS, 4. PHONE NO., 5. TITLE, 6. EXAMINATION DATE(S), 7. WAS CATARACT SURGERY PERFORMED?, 8. CAN VISUAL ACUITY BE RESTORED TO 20/70 IN BETTER EYE WITH CONVENTIONAL EYEGASSES?, 9. DOES PATIENT REQUIRE A PRESCRIPTION CHANGE AT THIS TIME?, 10. DIAGNOSTIC CODE(S), 11. INDICATE DIAGNOSIS OR NATURE OF DISEASE, INJURY, OR VISION DISORDER, 12. VISUAL ACUITY CORRECTED TO:

13. DOCTOR'S PRESCRIPTION table with columns: Sphere, Cylinder, Axis, Prism, Base. Includes rows for R.E., L.E., and READING ADD. 14. I hereby certify that I have performed the services as indicated heron. DOCTOR'S SIGNATURE, DATE.

PART C - TO BE COMPLETED BY DISPENSER

Form section containing fields 1-4: 1. DISPENSER'S NAME, 2. TAXPAYER IDENTIFICATION NO., 3. DISPENSER'S ADDRESS, 4. PHONE NO.

Table with 10 columns: DATES(S) OF SERVICE (MM, DD, YY), Place of Service, Type of Service, PROCEDURES, SERVICES, OR SUPPLIES (CPT/HCPCS, MODIFIER), DIAGNOSIS CODE, \$ CHARGES, DAYS OR UNITS. Rows 1-5 for service entries.

6. PATIENT'S ACCOUNT NO. 7. TOTAL CHARGE \$ 8. AMOUNT PAID \$ 9. BALANCE DUE \$

10. I hereby certify that I have performed the services as indicated hereon. DISPENSER'S SIGNATURE, DATE.

FRAUD NOTICE: For the states of AL, AZ, AR, CA, DE, DC, FL, IN, KY, LA, MD, NE, NJ, OK, PA, TN, TX, VA 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 : 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.

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.

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.

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.

Tennessee: 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.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject 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: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.