

# Out-of-Network Reimbursement if not able to use In-Network Provider

Use this form to request reimbursement for your out-of-network claim using your in-network benefits. One of the following exceptions must apply:

Based from your home or work (office) location, you were unable to:

1. Locate an in-network provider within a reasonable distance, considering whether you live in an urban, suburban or rural area;
2. Schedule a visit with an in-network provider within two-weeks; or
3. Access an in-network provider during a declared emergency in the state where you live.

If one of the three exceptions above applies to you, you may complete this form on-line.

By mail, you can print, complete and sign this claim form. If you are a Medicare member, you may use this form or just submit a written request with all information that would be on the form. The mailing address is:

First American Administrators, Inc.  
Attn: OON Claims, P.O. Box 8504, Mason, OH 45040-7111

Caution, this option is not available when you choose to use an out-of-network provider due to:

1. Your preference;
2. When your personal schedule does not permit you to schedule an appointment with an available provider in two-weeks; or
3. You are outside of your home or work (office) location for anything other than a declared emergency.

NOTE: Any person who submits a request or files a claim containing a false or deceptive statement, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, is guilty of insurance fraud.

CLAIM FORM 2: EXCEPTION REQUEST

Check only one reason that applies. If you fail to provide the requested information for your selection, you may not qualify for an exception to the requirement to use network providers:

I was unable to locate an in-network provider within a reasonable distance. I live or work in the following zip code:

Zip Code

I believe my area is:

Urban

Suburban

Rural

OR -----

I was unable to schedule a visit with an in-network provider within two weeks.

Please provide the in-network provider's name, address and phone number who could not provide an appointment within two weeks:

Provider's Name

Provider Telephone Number  
(000) 000-0000

Provider Street Address

City

State

Zip Code

OR -----

I was unable to find an in-network provider during a state of emergency impacting my area. Please provide the zip code of the emergency and approximate date the state of emergency was declared:

Zip Code

Month/Year of the Declared Emergency

CLAIM FORM 2: EXCEPTION REQUEST

Patient Last Name† Patient First Name† MI

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

City† State† Zip Code†

Patient Member ID # Relationship to Subscriber†  
Self Dependent

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Subscriber Last Name† Subscriber First Name† MI

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

City† State† Zip Code†

Vision Plan Name Date of Service† (MM/DD/YYYY)

Vision Plan Group # Subscriber Member ID #

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Doctor or store where patient received services

Provider's Name† Provider's NPI

Provider Street Address†

City† State† Zip Code†

†Required

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CLAIM FORM 2: EXCEPTION REQUEST

# Request for Reimbursement

Enter Amount Charged.† Remember to include itemized paid receipts.†

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

Enter Total Amount Paid as shown on receipt, excluding sales tax† \$

I certify that I have read the state fraud warnings. If I want a printed copy, I can contact the customer call center. I understand that I may be denied reimbursement if I am not eligible for out-of-network benefits or if I do not supply the requested information for the claim. I authorize any insurance company, organization employer, ophthalmologist, optometrist and optician to release any information with respect to this claim. I certify that any exam services were conducted by a licensed eye care professional. I agree with all statements above and certify all of the information furnished on this form is true and correct.

Member/Guardian/Patient Signature (not a minor)†

Date

†Required

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, AZ, AR, CA, CO, DE, DC, FL, GA, ID, IN, KS, KY, LA, MD, ME, MN, NC, NE, NJ, NM, NY, 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.

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 information to obtain or amend insurance coverage or to make a 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.

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, Oregon, 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.

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.

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.

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 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.

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.

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.