

Out-of-Network Claims if you have Out-of-Network Benefits

Use this form if you receive vision services from an out-of-network eye doctor and you have out-of-network benefits. If your plan does not include out-of-network benefits, please see the Network Exceptions form, claim form 2, for separate processing instructions.

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.

To request reimbursement, please complete and sign the itemized claim form.

Return the completed form and your itemized paid receipts to:

First American Administrators, Inc.

Attn: OON Claims, PO Box 8504, Mason, OH 45040-7111

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

CLAIM FORM 1: REIMBURSEMENT FOR OUT-OF-NETWORK BENEFIT

Subscriber Last Name [†]	Subscriber First Name [†]	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>

Birth Date (MM/DD/YYYY) [†]	Street Address [†]
<input type="text"/>	<input type="text"/>

City [†]	State [†]	Zip Code [†]
<input type="text"/>	<input type="text"/>	<input type="text"/>

Vision Plan Name	Date of Service [†] (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>

Vision Plan Group #	Subscriber Member ID #
<input type="text"/>	<input type="text"/>

Doctor or Store where patient received services

Provider's Name [†]	Provider's NPI
<input type="text"/>	<input type="text"/>

Provider Street Address [†]
<input type="text"/>

City [†]	State [†]	Zip Code [†]
<input type="text"/>	<input type="text"/>	<input type="text"/>

[†]Required

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*	\$ <input type="text"/>	Single *V2100*	<input type="checkbox"/>	Anti-Reflective *V2750*	\$ <input type="text"/>
Refraction *92015*	\$ <input type="text"/>	Bifocal *V2200*	<input type="checkbox"/>	Polycarbonate *V2784*	\$ <input type="text"/>
Frame *V2025*	\$ <input type="text"/>	Trifocal *V2300*	<input type="checkbox"/>	Scratch *V2760*	\$ <input type="text"/>
Contact Lens *S0500*	\$ <input type="text"/>	Progressive *V2781*	<input type="checkbox"/>	Tint *V2745*	\$ <input type="text"/>
Contact Lens Fitting *92310*	\$ <input type="text"/>	Prem Prog *V278126*	<input type="checkbox"/>	UV *V2755*	\$ <input type="text"/>
Lenses	\$ <input type="text"/>	Other	\$ <input type="text"/>	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.