avēsis
a GUARDIAN company

Vision Benefits Claim Form

Please be as thorough and accurate as possible when completing this form. Errors or omissions may delay claim payments.

TO BE COMPLETED BY THE CARDHOLDER

1. Patient's Name (Last, First, Middle)		2. Cardholder's Group #	3. Cardholder's ID #
4. Patient's Birthdate	5. Patient's Sex ☐ Male ☐ Female	6. Relationship to Cardholder ☐ Self ☐ Child ☐ Spouse ☐ Other	7. Cardholder's Name (Last, First, Middle)
8. Cardholder's Address (No., Street, City, State, and Zip Code)		9. Home Number ( )	Work Number ( )
10. Name of Insurance Company	11. Name of Employer	12. Cardholder's Status ☐ Active ☐ Retired ☐ Hourly ☐ Salaried	13. Cardholder's Birthdate
14. Patient is covered for vision care by another plan ☐ Yes ☐ No If yes, please complete boxes 15 through 19		15. Name and Address of the Other Carrier	
16. Cardholder's Name	17. Relationship to Cardholder ☐ Self ☐ Child ☐ Spouse ☐ Other	18. Cardholder's Birthdate	19. Cardholder's S.S. # / Group #

20. I hereby authorize the release of any information to the Avēsis Third Party Administrators acquired in the course of my examination or treatment. I certify that the above information provided by me in support of this claim is complete and correct and that I am claiming benefits only for charges incurred by the above named patient.

Signature of Cardholder _____ Date Signed _____

PLEASE CHECK ALL ITEMS BELOW THAT APPLY TO THE SERVICES RENDERED BY YOUR EYE CARE PROVIDER

Date of Service _____

- ☐ Exam
- ☐ Contact Lens Fitting/Exam
- ☐ Contact Lenses
- ☐ Eyeglass Lenses
  - ☐ Single Vision
  - ☐ Bifocal
  - ☐ Trifocal
  - ☐ Progressives (No Line Bifocal)
  - ☐ Other _____
- ☐ Frame
- ☐ LASIK

Provider's Name _____

Provider's Address

_____

_____

_____

_____

PLEASE SUBMIT THIS FORM WITH YOUR ITEMIZED RECEIPT(S) TO THE FOLLOWING

Avēsis Third Party Administrators, Inc.
Vision Claims Department
P.O. Box 38300
Phoenix, AZ 85069-8300

Should you have any questions or require further assistance, please call the Avēsis Service Center toll free at (800) 828-9341.

REV. 8.31.2018

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FRAUD NOTICE: For the states of AL, AZ, AR, CA, CO, DE, DC, FL, GA, IN, KS, KY, LA, MD, ME, NC, NE, NJ, NM, OK, OR, PA, 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 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.

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.

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 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.

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.

Nebraska: 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 false, incomplete or misleading information is guilty of insurance fraud.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

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.

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.