



Claims and Reimbursement

Submitting A Claim

Submitting an Out-of-Network Claim

If your plan provides out-of-network benefits, you will need to submit the claim to VSP for reimbursement.

Details

Not all VSP plans provide out-of-network benefits	<ul style="list-style-type: none">• For more information about your out-of-network coverage, please call Member Services at 800.877.7195.• If your plan provides out-of-network benefits and you choose to see an out-of-network provider, you will need to submit the claim to VSP for reimbursement.• If you choose to see an out-of-network provider, your coverage will likely be less than when you see an VSP network eye doctor.
What you'll need	<ul style="list-style-type: none">• To submit a claim, you will need a copy of the itemized receipts or service statements for each patient that includes the following information printed on them:<ul style="list-style-type: none">◦ doctor's name or office name◦ name of patient◦ date of service◦ each service received and the amount paid.• You typically have twelve months from the date of service to submit for reimbursement.
Submitting a Claim Online	<ul style="list-style-type: none">• Be sure your receipts have been scanned and are accessible by your computer• Login to your vsp.com account• Click on View Your Benefits, then My Benefits• Scroll down and click Submit an Out-of-Network Claim• Complete the fields and follow the prompts• Upload your receipts• Click Submit
Submitting a Claim by Mail	<p>ALL CLAIMS BY MAIL MUST BE SUBMITTED ON A VSP MEMBER REIMBURSEMENT FORM.</p> <ul style="list-style-type: none">• To submit a claim by mail, contact VSP Member Services at 800.877.7195 to request a VSP Member Reimbursement Form. The form can be sent to a preferred address or emailed to you. You must complete the form and mail it to the address below.• If you submit a claim online, you may also print and mail copies of your claim form and receipt(s) to the address below. <p>Vision Service Plan Attention: Claims Services P.O. Box 385018 Birmingham, AL 35238-5018</p>

<p>Submitting a Claim & I'm No Longer a VSP Member</p>	<ul style="list-style-type: none"> • Contact VSP member services at 800.877.7195 and ask for a Member Reimbursement form (VSP Out-Of-Network form). • Send the form and a copy of your receipts to: <p>Vision Service Plan Attention: Claims Services P.O. Box 385018 Birmingham, AL 35238-5018</p>
<p>Processing Your Claim</p>	<ul style="list-style-type: none"> • Please allow up to 10 business days (plus mailing time to and from VSP) for us to process your out-of-network reimbursement. • You can follow your Out-of-Network claim status by clicking on the View Previous Visits button on your Dashboard.

I Received A Bill From The Doctor

My Claim Status