

## **Opticare Plus Vision Out of Network Reimbursement Request**

Insured Member Identification Number		
Insured Member's Full Name		
Insured Daytime Phone Number		
Insured Address		
Patient Name		
Date of Service		
Place of Service - Provider Name		
Provider Phone Number		
Provider Address		
Itemized Price(s) Paid	Examination	
Itemized Price(s) Paid	Examination Dilation	
Itemized Price(s) Paid		
Itemized Price(s) Paid	Dilation	
Itemized Price(s) Paid	Dilation Contact Fitting	
Itemized Price(s) Paid	Dilation Contact Fitting Lenses	
Itemized Price(s) Paid	Dilation Contact Fitting Lenses Scratch Coating	
Itemized Price(s) Paid	Dilation Contact Fitting Lenses Scratch Coating UV Coating	
Itemized Price(s) Paid	Dilation Contact Fitting Lenses Scratch Coating UV Coating	

## Please submit completed form & itemized receipt to:

Opticare Plus Vision 1901 West Parkway Blvd Salt Lake City, UT 84119 Fax (801) 954-0054

Toll Free Fax (888) 547-4227

Questions or Comments : service@opticareplus.com

(800) 363-0950

www.opticareplus.com

## **Policy and Procedures**

Opticare Plus Vision will process your claim within 30 days from the date received. All information requested is required to process your claim completely. If information is missing, the claim will not be processed completely and may add time to the receipt of payment. Opticare Plus Vision will mail your check to the insured's mailing address listed on file. If the address may have changed recently, please contact the insured's Human Resource department to have them submit the address change to Opticare Plus Vision for updating.

Out of Network Provider must be a licensed Optician, Optometrist, or Ophthalmologist to qualify - No website/online purchases are covered. Full Allowance qualification is based on retail pricing. Please see Plan Outline.