

OUT-OF-NETWORK CLAIM FORM

INSTRUCTIONS

1. To request reimbursement, complete this form and print (or print and complete using blue or black ink).
 2. Enclose a legible copy of your itemized receipt(s).
 3. Send this signed form with receipts to your vision insurance company.
- Keep a copy for your records. Your insurance company will notify you if it needs additional information from you.
Note: Not all insurance plans have out-of-network benefits. Contact your insurance company to check benefits available to you from out-of-network providers.

MEMBER INFORMATION

Member ID	<input type="text"/>
Date of Birth	<input type="text" value="/ /"/>
First Name	<input type="text"/>
Middle Initial	<input type="text"/>
Last Name	<input type="text"/>
Address	<input type="text"/>
City	<input type="text"/>
State State •	<input type="text"/>
ZIP	<input type="text"/>
Phone	<input type="text"/>

PATIENT INFORMATION

Member ID	<input type="text"/>
Date of Birth	<input type="text" value="/ /"/>
First Name	<input type="text"/>
Middle Initial	<input type="text"/>
Last Name	<input type="text"/>
Address	<input type="text"/>
City	<input type="text"/>
State State •	<input type="text"/>
ZIP	<input type="text"/>
Phone	<input type="text"/>

Member Spouse Child
 Domestic Partner Other

CLAIM INFORMATION

Dollar amounts must match the attached receipts

Frame & Lens	<input type="text"/>	Purchase Date	<input type="text" value="/ /"/>
Lens Type	<input type="radio"/> Single <input type="radio"/> Progressive		
Contact Lenses	<input type="text"/>		

PURCHASE LOCATION INFORMATION

DESIGNER OPTICS
791 Kent Ave Brooklyn NY 11205
718-412-0407
Support@designeroptics.com

I hereby understand that without prior authorization from my insurance carrier for services rendered, I may be denied reimbursement for submitted vision care services for which I am not eligible under my plan. I hereby authorize any insurance company, organization, employer, ophthalmologist, optometrist, and optician to release to my vision Insurance Plan any and all information necessary to process this claim. I certify that the information furnished by me in support of this claim is true and correct.

CLAIMANT SIGNATURE: _____

DATE: _____

FRAUD WARNINGS

Alabama, Arkansas, District of Columbia, Louisiana, Massachusetts, Minnesota, New Mexico, Ohio, Rhode Island and West Virginia:

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 fines and confinement in prison.

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

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.

California: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a 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 presents 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, Idaho, Indiana and Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive an insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Florida: A person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree.

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.

Maine, Tennessee, Virginia and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or 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 false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in RSA 638:20.

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 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 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.

Oregon: Any person who knowingly presents a materially false statement of claim may be guilty of a criminal offense and may be subject to penalties under state law.

Puerto Rico: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or files, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term 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.

Vermont: Any person who knowingly presents a false statement of claim for insurance may be guilty of a criminal offense and subject to penalties under state law.

Pennsylvania and all other states: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or 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 and subjects such person to criminal and civil penalties.