



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

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| <p>Not all VSP plans provide out-of-network benefits</p> | <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. |
| <p>What you'll need</p> | <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. |
| <p>Submitting a Claim Online</p> | <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 |

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|---|--|
| Submitting a Claim by Mail | <ul style="list-style-type: none"> • You can also send your receipts by mail • 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 • On step 4 of 4, click on Mail Receipts • Upload your receipts • Click Submit <ul style="list-style-type: none"> ◦ After completing the claim form, you may print and mail copies of your claim form and receipt(s) to: <p>Vision Service Plan Attention: Claims Services P.O. Box 385018 Birmingham, AL 35238-5018</p> |
| Submitting a Claim & I'm No Longer a VSP Member | <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> |
| Processing Your Claim | <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 the My Claim Status online by accessing the Previous Doctor Visits section under Claims & Reimbursements. |

I Received A Bill From The Doctor

My Claim Status

VSP Member Reimbursement Form



To request reimbursement, complete this form (in blue or black ink), enclose a legible copy of your itemized receipt(s), and send them to the following address. Be sure to keep a copy for your records.

VSP
 PO Box 385018
 Birmingham, AL 35238-5018

Ref # _____

Member Information

_____ / _____ / _____
 Policyholder/Employee ID or Last 4 Digits of SSN Date of Birth

_____ Last Name
 _____ First Name

_____ Apt
 Address

_____ State Zip
 City

_____ - _____
 Daytime Phone # Employer/Group

Patient Information

_____ Last Name
 _____ First Name

Member Spouse Child Domestic Partner _____
 Date of Birth

If the patient is a child over the age of 18:

Is the child a full-time student? Yes No Is the child disabled? Yes No

Claim Information (Dollar amounts must match the attached receipts)

| | | |
|---|---|---|
| Exam \$ _____ . _____ | Lens Type: (Choose One) Single <input type="checkbox"/> Progressive <input type="checkbox"/> | Date services were received _____ / _____ / _____ |
| Frame \$ _____ . _____ | Bi-focal <input type="checkbox"/> Lenticular <input type="checkbox"/> | Check here if another insurance company has made payment to you, another insurer or the doctor's office. <input type="checkbox"/> |
| Lens \$ _____ . _____ | Tri-focal <input type="checkbox"/> Contacts <input type="checkbox"/> | |
| Lens tints \$ _____ . _____ or coatings | | If so, attach a copy of the statement showing payment. |
| Contacts \$ _____ . _____ | | |
| Total Paid \$ _____ . _____ (Do not add tax or shipping) | | |

Provider Information

_____ Store or Dr Name
 _____ - _____
 Store or Dr Phone Number

I acknowledge that the above-named provider is not a VSP Preferred Provider and that VSP cannot guarantee eye care and/or eyewear satisfaction. By signing this claim form, I certify that I have read the applicable claim fraud warnings included with this form, and that all the information I have provided above is complete and accurate.

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 penalty 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.