



## Member Reimbursement Claim Form

Use this form for reimbursement of services received from an out-of-network provider, or when you have utilized an in-store sale or promotion from an in-network provider.

### Subscriber Information *(Please print clearly)*

Subscriber Name	Daytime Phone (     )	Evening Phone (     )	
Mailing Address	City	State	Zip
Subscriber ID Number	Name of Employer		

### Patient Information

Patient Name	Date of Birth / /	Authorization Number	Full Time Student* <input type="checkbox"/> Yes <input type="checkbox"/> No <small>*Verification may be required</small>
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### Claim Information

Date of Service: _____	Single Vision Lenses: \$ _____	Contacts: \$ _____
Exam: \$ _____	Bifocal Lenses: \$ _____	Contact Lens Fitting Exam: \$ _____
Frame: \$ _____	Trifocal Lenses: \$ _____	Extra Ad-Ons: \$ _____
	Progressive Lenses: \$ _____	Other: _____ \$ _____

Is the provider an in-network provider?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provider Name _____	Phone Number _____	
<b>If you saw an in-network provider:</b>		
Are you applying for reimbursement after using an in-store sale or promotion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you see an in-network provider but choose to take advantage of a sale, coupon, or other in-store special, the provider may require that you pay in full and then submit your receipt to Superior Vision for reimbursement at the out-of-network rates.		
If you have co-pays, these are paid to your in-network provider at the time of your visit. You are also responsible for paying for any services or materials that are not covered or that exceed your benefit plan coverage. If you paid in full for your service, please provide a brief explanation as to why your provider did not bill us on your behalf.		

Mail a copy of the itemized invoice or receipt imprinted with the provider's name and address along with this form to the contact information below. Please retain the original for your records.

<b>Superior Vision</b> <b>Attn: Claims Processing</b> <b>P.O. Box 967</b> <b>Rancho Cordova, CA 95741</b>
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Questions? Please call our Customer Service department at (800) 507-3800

## FRAUD STATEMENTS

*Any person who knowingly and with intent to defraud and deceive any insurance company submits an insurance application or statement of claim containing any false, incomplete or misleading information may be subject to civil and/or criminal penalties, which may include the payment of restitution, fines, imprisonment, loss of insurance and/or denial of benefits, depending upon state law.*

In **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.

In **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.”

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

In **New Hampshire**, any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

In **New Jersey**, any person who includes any false or misleading information on an application for insurance is subject to criminal and civil penalties.

In **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.

In **Kentucky**, any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

In **Minnesota**, a person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

In **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.

In **Puerto Rico**, any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than \$5,000 and not more than \$10,000, or a fixed term of imprisonment for 3 years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of 5 years, if extenuating circumstances are present, it may be reduced to a minimum of 2 years. Noncompliance will result in administrative fines. Failure to include this notice on the indicated forms shall not constitute a defense for the insured or the third party claimant.

For **Colorado, Maine, Tennessee, Virginia, Washington, & Washington, D.C.** residents: **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.