

# CSEA Employee Benefit Fund

## Vision Care Direct Reimbursement Claim Form



Form must be completed and signed by the CSEA Employee Benefit Fund member. All required documentation must be attached.  
**Incomplete forms will be returned.**

### MAIL COMPLETED CLAIMS TO

CSEA Employee Benefit Fund  
 PO Box 516  
 Latham, NY 12110-0516

### MAJOR PLAN FEATURES

- This benefit reimburses an allowance toward the cost of a non-participating provider.
- Expenses for both eye examination and eyewear are reimbursable.

### INSTRUCTIONS

- Provider may complete and sign form **or** member may attach an itemized billing statement for services rendered.

### TO BE COMPLETED BY MEMBER (PLEASE PRINT)

Member's Name \_\_\_\_\_ EBF ID# \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Apt # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Daytime Phone # \_\_\_\_\_ Email \_\_\_\_\_

### TO BE COMPLETED BY PROVIDER (PLEASE PRINT)

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Relationship:  Member  Spouse  Child  Other: \_\_\_\_\_

### Provider Information

#### Examiner

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Federal Tax ID # \_\_\_\_\_

#### Dispenser

Same as Examiner

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Federal Tax ID # \_\_\_\_\_

#### Service

#### Date of Service

#### \$ Amount

Service	Date of Service	\$ Amount
1. Eye Examination		
2. Frames		
3. Single Vision Lenses (not plano)		
4. Bifocal Lenses		
5. Trifocal Lenses		
6. Contact Lenses		
7. Cataract S.V. Lenses		
8. Cataract Bifocal Lenses		

**PROVIDER CERTIFICATION:** I hereby certify that the above procedures have been completed.

Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_

**MEMBER CERTIFICATION:** I hereby certify that the information on this form is correct and authorize the Provider to release appropriate information necessary to process this according to plan benefit provisions.

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_