CLAIM INSTRUCTIONS

- **Use this form to obtain reimbursement for services**
- **Part A to be completed by Employee**
- **Part B to be completed by your Eye Care Professional (Optional)**
- **Scan and submit the form by email to:** visionclaims@e-nva.com
- **Submit the form by fax to :** 973-574-2430
- **Submit the form by mail to:** National Vision Administrators, L.L.C.
  P.O. Box 2187
  Clifton, New Jersey 07015
- **If you have any questions, please contact NVA at (800) 672-7723**

National Vision Administrators, L.L.C.
www.e-nva.com

VISION CARE CLAIM FORM

NATIONAL VISION ADMINISTRATORS, L.L.C
P.O. BOX 2187 / CLIFTON, NEW JERSEY 07015
(800) 672-7723

PRINT ALL INFORMATION

PART A – TO BE COMPLETED BY EMPLOYEE

1. EMPLOYEE'S NAME (Last, First, Middle)	2. EMPLOYEE'S ADDRESS (No., Street, State, and Zip Code)
3. EMPLOYEE'S IDENTIFICATION NO	4. TELEPHONE NUMBER
5. EMPLOYER NAME	6. EMPLOYER ADDRESS (No., Street, State, and Zip Code)

7. PATIENT'S NAME (Last, First, Middle)	8. PATIENT'S RELATIONSHIP TO EMPLOYEE ☐ Self ☐ Child ☐ Student ☐ Spouse ☐ Handicapped ☐ Other _____	9. PATIENT'S SEX ☐ Male ☐ Female	10. PATIENT'S DATE OF BIRTH

11. IS PATIENT COVERED FOR VISION CARE BY ANOTHER PLAN? ☐ NO ☐ YES	VISION PLAN NAME	GROUP NO.	NAME AND ADDRESS OF CARRIER

12.
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.

PART B – TO BE COMPLETED BY EYE CARE PROFESSIONAL (OPTIONAL)

1. DOCTOR'S NAME (Last, First, Middle)	2. TAXPAYER IDENTIFICATION NO.	PROFESSIONAL SERVICES	AMOUNT
3. DOCTOR'S ADDRESS (No., Street, City, State, and Zip Code)		EYE EXAMINATION	
4. PHONE NO. (and Area Code)	5. TITLE ☐ M.D. ☐ D.O. ☐ O.D. / 6. EXAMINATION DATE(S) / 7. WAS CATARACT SURGERY PERFORMED? ☐ NO ☐ YES	CONTACT LENS EXAM (if any)	
8. CAN VISUAL ACUITY BE RESTORED TO 20/70 IN BETTER EYE WITH CONVENTIONAL EYEGLASSES? ☐ NO ☐ YES	9. DOES PATIENT REQUIRE A PRESCRIPTION CHANGE AT THIS TIME? ☐ NO ☐ YES		
10. DIAGNOSTIC CODE(S)		AMOUNT PAID BY PATIENT	
11. INDICATE DIAGNOSIS OR NATURE OF DISEASE, INJURY, OR VISION DISORDER. CODE #'S INDICATE PROCEDURE		12. VISUAL ACUITY CORRECTED TO:	

13.

DOCTOR'S PRESCRIPTION

	Sphere	Cylinder	Axis	Prism	Base
R.E.		●			
L.E.		●			
READING ADD		R.E.	+ ●	L.E.	+ ●

14. I hereby certify that I have performed the services as indicated heron.

DOCTOR'S SIGNATURE _____ DATE _____

PART C – TO BE COMPLETED BY DISPENSER

1. DISPENSER'S NAME (Last, First, Middle)	2. TAXPAYER IDENTIFICATION NO.
3. DISPENSER'S ADDRESS (No., Street, City, State, and Zip Code)	4. PHONE NO. (and Area Code)

5. PROFESSIONAL SERVICES:

	DATES(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	Place of Service	Type of Service	PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	DIAGNOSIS CODE	$ CHARGES	DAYS OR UNITS
1													
2													
3													
4													
5													
6													

6. PATIENT'S ACCOUNT NO.	7. TOTAL CHARGE	8. AMOUNT PAID	9. BALANCE DUE
	$	$	$

10. I hereby certify that I have performed the services as indicated hereon.

DISPENSER'S SIGNATURE _____ DATE _____

Scan and submit by email: visionclaims@e-nva.com

Submit by Fax: 973-574-2430

FRAUD NOTICE: For the states of AL, AZ, AR, CA, DE, DC, FL, IN, KY, LA, MD, NE, NJ, OK, PA, TN, TX, VA please refer to the following fraud notices:

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.

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.

Arkansas, Louisiana : Any person who knowingly presents a false or fraudulent claim for payment of 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.

California: For your protection, California law requires the following to appear on this form: Any person who knowingly presents 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.

Delaware: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia: 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.

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

Indiana: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

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.

Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

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.

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.

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