Out-Of-Network Reimbursement Form

Important Note:

Your itemized receipt must include the information shown below with an **. If your receipt does not contain this information, your claim cannot be processed and you will need to contact your non_VSP provider for a new receipt which includes the required information.

Member Information:

Member's ID or last four digits of Social Security Number:_____

Member's Name:_____ **Date of Birth:**_____

Address:_____

City:_____ **State:**_____ **ZIP Code:**_____

Name of Group/Employer:_____

Patient Information:

****Patient's Name:**_____ **Date of Birth:**_____

Relationship to Member:_____

If the patient is a child (and over the age of 18):

Is the child a full time student? Y/N **Name of School:**_____

Is the child physically impaired? Y/N

Reimbursement Request Information:

****Date Services were received:**_____

****Services received (please circle any that apply and provide the amount paid for each)**

Exam **$**_____

Lenses: Single Vision
Bifocal
Trifocal **$**_____
Progressive
Lenticular

Lens Options:

Tint **$**_____

Other **$**_____
(Includes Scratch Coatings, Anti-Reflective coatings, etc.)

Frame **$**_____

Contact Lenses **$**_____

Contact fitting &/or Evaluation **$**_____

****Provider/Optical Shop Name:**_____ **Phone Number:**_____

Address:_____

City:_____ **State:**_____ **ZIP Code:**_____

Coordination of Benefits Information:

If you are coordinating benefits with another insurance carrier, we need a complete copy of the Explanation of Benefits from your primary insurance carrier. The Explanation of Benefits must indicate the service(s) which were received, as well as the amount paid, denied, or applied to your deductible. This information can be obtained from the provider who performed your recent services.

Submit this form along with related receipts to:

VSP
P.O. Box 997105
Sacramento, CA 95899-7105

For additional information on your eyecare benefits, please contact Customer Service at (800) 877-7195 or visit our website at: www.vsp.com