

## MEMBER REIMBURSEMENT REQUEST FORM

In order to properly review and process your vision claim for reimbursement, please complete the following information (incomplete forms cannot be processed). Please note that this form is used for Out-of-Network reimbursements, Store Specials, and Mail Order Contact Lenses ONLY. In-Network member claims are submitted by the eye care provider.

Group Name/ID:	
Name of Subscriber:	
Subscriber ID Number:	
Name of Individual Receiving Services:	
Date of Birth of Individual Receiving Services:	
Please indicate which services were received (check your specific plan type to determine coverage of benefits):	
Eye Examination	Contact Lenses
Eyeglasses (Lenses and/or Frames)	Contact Lens (Examination / Fitting Fee)
Please submit this completed form along with a copy of your itemized receipt to:	
Advantica Attn: Claims Department 3290 Pine Orchard Lane Suite C Ellicott City, MD 21042	
Please allow thirty (30) days from receipt for processing. Claims that are received dated beyond twelve (12) months from the date of service will not be processed.	

Advantica 3290 Pine Orchard Lane, Suite C Ellicott City, MD 21042 Toll Free: 1.866.425.2323

Should you have additional questions or require further assistance, please call Advantica's Customer Service toll-free at (866)-425-2323.