



Vision Services Reimbursement Form

Your plan covers Vision and eye care services within your service area with certain limits. Refer to your Evidence of Coverage for your plan’s coverage and specific limits.

To receive reimbursement, please submit the following:

- Vision Services Reimbursement Form
- Your itemized receipt(s) for services received

Please submit these items to:

EyeQuest
 Attention: Vision Claims Processing
 PO Box 433
 Milwaukee, WI 53201-2906
 Fax: 1-888-696-9552

1. Member Details		
First Name:	Middle Initial:	Last Name
Date of Birth (mm/dd/yyyy): __/__/____		
Name of Insurer:		
ID number (as shown on your member ID card, 6 or 8 digits):		
Policy number (as shown on your member ID card):		
2. Contact Information – Of the person submitting this request for reimbursement		
Street Address:		Apt:
City:	State:	Zip code:
Daytime phone: (____) ____-____	Evening phone: (____) ____-____	
Email:		

3. Provider Information			
Name of Provider:		Provider NPI/TIN	
Name of Provider Office:			
Address:		Suite:	
City:		State:	Zip code:
Daytime phone: (___) ___ - ____		Fax: (___) ___ - ____	

4. Invoice Information				
Fill in the details of each invoice being submitted with this claim:				
Date of Service (mm/dd/yyyy)	Invoice Date	Service Rendered by Provider/Service Detail (i.e. Eye exam, Glasses, Contact lenses)	Procedure Code	Invoice Amount

5. Member Attestation

Please check if you are the: Member OR Beneficiary Representative

If you are the Beneficiary Representative, please attach the required Appointment of Representation (AOR), Power of Attorney, or Executor of Estate form. The AOR form can be found at:
<https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms-Items/CMS012207>

By signing below, I attest that I have paid the dollar amount listed below for the services received while a Medicare Plan member. I further certify that the documents attached to this form demonstrating proof of payment are accurate, true, and complete in all respects.

Signature (Required)

Date

Beneficiary Representative Signature

Date

If you are signing as a Beneficiary Representative, we require both your signature and the member's signature.