HARRISBURG R-VIII SCHOOL DISTRICT

VISION INSURANCE CLAIM FORM

INSTRUCTIONS: INSURED TO COMPLETE AND SIGN PART A. SUBMIT TO THE ADMINISTRATION OFFICE ALONG WITH AN ITEMIZED BILL SHOWING A BREAKDOWN FOR EXAM FEE, LENS AND FRAMES. ASSIGNMENT NOT ACCEPTED - WE PAY ONLY THE EMPLOYEE.

PART A.

INSURED'S NAME _____

PATIENT'S NAME _____

PATIENT'S RELATIONSHIP TO INSURED ___ SELF ___ SPOUSE ___ CHILD

IF CLAIM FOR CHILD - DATE OF BIRTH_____ IS CHILD AGE 25 OR ABOVE?_____
Coverage for dependent children terminates the last day of the month in which they become 25.

DATE OF SERVICE_____

The above information and answers are complete and true to the best of my knowledge and belief. I hereby authorize the release of any information necessary to process this claim.

_____ _____
Insured's Signature Date

PART B: TO BE COMPLETED BY HARRISBURG R-VIII VISION PLAN COORDINATOR

EXPLANATION OF BENEFITS

EXAM FEE	PAID ($45.00 Max.)	LENS & FRAMES	PAID (50% or 75%)	**TOTAL PAID**	DATE PAID	CK #

_____
(Date coverage effective)

The coverage pays $45.00 maximum for the exam and 75% on lens and frames up to $200 maximum per insured per year for those covered more than one year. If less than a year of coverage, 50% is paid for lens and frames.

Prior claims paid this year: Exam _____ Lens/Frames _____

Benefits Administered by: _____
Lisa Hardin, Central Office Secretary, Harrisburg R-VIII School District