

FOR THE CERTIFICATE HOLDER

1. Use this form for all your vision claims. Use a separate form for each patient and each physician.
2. Complete all items on Part I of the form for both the patient and the Certificate Holder. If any information is missing a delay in processing will result. Make sure you sign the form in Block #5A to authorize release of information.
3. After completion of Part I give the form to your physician or provider.

FOR THE PHYSICIAN OR PROVIDER

1. Use a separate claim form for each patient and each provider rendering service.
2. Review the top of the form to make sure the employee has provided all information, especially Coordination of Benefits (Block 10) and a signature (Block 5A). Missing information will cause a delay in processing.
3. Complete Part II with all information pertinent to the patient's treatment.
4. Be sure to use your taxpayer ID number.

WARNING: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. (Ohio Revised Code Section 3999.21)