

# Out-of-network claim submissions made easy



## Went out-of-network? No problem, let's walk through it

If you saw an out-of-network eye doctor and you have out-of-network benefits, your next step is to send us your completed claim form. You can now submit your form online or by mail:

**1. Online.** Click below to complete an electronic claim form. Go green and get paid faster.

— or —

**2. By mail.** Complete and return the paperwork attached below.

[\[Link\]](#) For complete terms and conditions, review the claim form.

## Stay in-network and save on your next visit\*



### Choose an in-network provider

The benefits are clear. When you stay in-network, you save more money and get the full value of your vision benefits.

Plus, with Aetna Vision<sup>SM</sup> Preferred Network providers across the nation, you have access to thousands of convenient options that fit your lifestyle. You can see who you want to see, when and where you want to see them. Easily find an eye doctor at [aetnavision.com](http://aetnavision.com) or on the Aetna Vision Preferred mobile app. Search by location, store hours, who carries your favorite brand of frames and more — and then schedule your appointment.\*\*



### Form-free in-network

When you visit a network provider, it's easy to get an eye exam and get on with your day. No paperwork. No hassles.



### Never pay sticker price in-network

When you stay in-network, you pocket discounts like<sup>†</sup>:

- Up to 40% off additional pairs of prescription glasses
- 20% off non-prescription sunglasses
- Up to 20% off anything above your frame allowance

**In-store  
and  
Online**

INDEPENDENT  
PROVIDER  
NETWORK



LENSCRAFTERS<sup>®</sup>

PEARLE  
VISION

OPTICAL

LENSCRAFTERS<sup>®</sup>

OPTICAL

GLASSES.COM

contactsdirect

Ray-Ban<sup>®</sup>

## See the good stuff

If you don't already have the Aetna Vision<sup>SM</sup> Preferred mobile app, be sure to download it from the App Store or Google Play today.

\*Vision care services frequency may vary. Check your benefits to verify your frequency of services type.

\*\*At select in-network providers. <sup>†</sup>Discounts available at participating in-network providers. Discounts and benefits may vary. Check your benefits.



[aetna.com](http://aetna.com)



# Claim Form Instructions

You may be eligible for reimbursement when you visit an out-of-network provider. To request reimbursement, please complete and sign this form. Return the completed form and your itemized paid receipts to:

**First American Administrators, Inc.**

Attn: OON Claims, P.O. Box 8504, Mason, OH 45040-7111

**Patient Last Name<sup>†</sup>** **Patient First Name<sup>†</sup>** **MI**

**Birth Date<sup>†</sup>** (MM/DD/YYYY) **Street Address<sup>†</sup>**

**City<sup>†</sup>** **State<sup>†</sup>** **Zip Code<sup>†</sup>**

**Patient Member ID #** **Relationship to Subscriber**  
Self      Dependent

**Doctor or Store Name where you received service<sup>†</sup>**

**Subscriber Last Name<sup>†</sup>** **Subscriber First Name<sup>†</sup>** **MI**

**Birth Date** (MM/DD/YYYY) **Street Address**

**City** **State** **Zip Code**

**Vision Plan Name** **Date of Service<sup>†</sup>** (MM/DD/YYYY)

**Vision Plan Group #** **Subscriber Member ID #**

<sup>†</sup>Required

**OUT-OF-NETWORK VISION SERVICES CLAIM FORM**

# Request for Reimbursement

Enter Amount Charged.<sup>†</sup> Remember to include itemized paid receipts.<sup>†</sup>

<b>Service Type</b>	<b>Amount Charged</b>	<b>Lens Type</b>	<b>Please Check</b>	<b>Lens Options: Amount (if purchased) Charged</b>
<b>Exam</b> *92014*	\$	<b>Single</b> *V2100*		<b>Anti-Reflective</b> *V2750* \$
<b>Refraction</b> *92015*	\$	<b>Bifocal</b> *V2200*		<b>Polycarbonate</b> *V2784* \$
<b>Frame</b> *V2025*	\$	<b>Trifocal</b> *V2300*		<b>Scratch</b> *V2760* \$
<b>Contact Lens</b> *S0500*	\$	<b>Progressive</b> *V2781*		<b>Tint</b> *V2745* \$
<b>Contact Lens Fitting</b> *92310*	\$	<b>Prem Prog</b> *V278126*		<b>UV</b> *V2755* \$
<b>Lenses</b>	\$	<b>Other</b>	\$	<b>Roll and Polish</b> *V2702* \$

Enter Total Amount Paid as shown on receipt, excluding sales tax<sup>†</sup> \$

I hereby authorize any insurance company, organization employer, ophthalmologist, optometrist and optician to release any information with respect to this claim. By signing this claim form, I certify that I have read the applicable claim fraud warnings included with this form, and that all the information furnished by me is true and correct.

**Member/Guardian/Patient Signature** (not a minor)<sup>†</sup>

**Date**

<sup>†</sup>Required

## Network Access Exceptions

We work hard to make sure that you have access to thousands of eye doctors across the nation. Whether it's due to location or provider availability, you may need to go out-of-network to receive care.

Based from your home or office location, you have the right to obtain in-network level of benefits with an out-of-network provider when: (i) you cannot schedule a visit within two-weeks, (ii) you are unable to locate a participating provider within a 10-mile radius in an urban-suburban area, or (iii) you are unable to locate a participating provider within a 20-mile radius in a rural area.

Caution, this option is not available when you choose to use an out-of-network provider due to (i) your preference, (ii) when your personal schedule does not permit you to schedule an appointment with an available provider in two-weeks, (iii) or you are outside of your home or office location. Any person who, with intent to defraud or knowing that he or she 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.

**If this applies to you, please complete the following form. If not, please skip this section.**

## OUT-OF-NETWORK VISION SERVICES CLAIM FORM

**Check the boxes that apply. I acknowledge that I fit into one or more of the following criteria:**

I was unable to schedule a visit within two weeks with a participating provider. Please provide the participating provider's name, location and contact information in which you attempted to schedule an appointment:

**Provider's Name** **Provider Telephone Number** (000-000-0000)

**Provider Street Address**

**City**

**State**

**Zip Code**

I was unable to locate a participating provider within a 10-mile radius in an urban-suburban area.

Please provide the zip code in which you were attempting to locate a provider:

**Zip Code**

**OR**

I was unable to locate a participating provider within a 20-mile radius in a rural area.

Please provide the zip code in which you were attempting to locate a provider:

**Zip Code**

**Should you fail to provide the requested information associated with the criteria you selected above, you agree that we can process your claim as an out-of-network claim.**

## State Fraud Warning Statements

**General Fraud 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 and may be subject to fines and confinement in prison.

For the states of AL, AK, AZ, AR, CA, CO, DE, DC, FL, GA, HI, ID, IN, KS, KY, LA, MA, MD, ME, MN, NC, NE, NH, NJ, NM, NY, OH, OK, OR, PA, PR, RI, TN, TX, VA, VT, WA and WV, please refer to the following fraud notices:

**Alabama:** Any person who knowingly presents a false or fraudulent claim for payment of loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.

**Alaska:** A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**Arizona:** For your protection, Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**Arkansas, Louisiana, Rhode Island, West Virginia:** Any person who knowingly presents a false or fraudulent claim for payment of loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**California:** For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Colorado:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

## OUT-OF-NETWORK VISION SERVICES CLAIM FORM

**Delaware:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**District of Columbia:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Florida:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Georgia, Vermont:** Any person who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**Hawaii:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**Idaho:** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

**Indiana:** A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**Kansas:** Any person who with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud as determined by a court of law.

**Kentucky:** Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material there to commits a fraudulent insurance act, which is a crime.

**Maine, Tennessee, Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

## OUT-OF-NETWORK VISION SERVICES CLAIM FORM

**Maryland:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Massachusetts:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

**Minnesota:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**Nebraska:** Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing false, incomplete or misleading information is guilty of insurance fraud.

**New Hampshire:** Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**New Jersey:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**New York:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any material fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**New Mexico:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**North Carolina:** Any person with the intent to injure, defraud, or deceive an insurer or insurance claimant is guilty of a crime (Class H felony) which may subject the person to criminal and civil penalties.

## OUT-OF-NETWORK VISION SERVICES CLAIM FORM

**Ohio:** 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.

**Oklahoma:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Oregon:** Any person who knowingly, and with intent to defraud any insurance company or other persons files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, may be subject to prosecution for insurance fraud.

**Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Puerto Rico:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (\$5,000) and not more than ten thousand (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**Texas:** Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Virginia:** Any person who, with the 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 may have violated state law.

## OUT-OF-NETWORK VISION SERVICES CLAIM FORM

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-565-9140 (TTY: 1-800-848-0298).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-565-9140-1 (رقم هاتف الصم والبكم: 800-848-0298-1)

注意: 如果 使用繁體中文, 可以免費獲得語言援助服務。請致電 1-800-565-9140 (TTY:1-800-848-0298)。

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-565-9140 (TTY:1-800-848-0298).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-565-9140 (TTY: 1-800-848-0298) 번으로 전화해 주십시오.

**ATTENTION :** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-565-9140 (ATS : 1-800-848-0298).

উপস্থাপন: যদি আপনি বাংলায় কথা বলেন, আপনি আমাদের মুক্ত ভাষা সহায়তা সেবা উপলব্ধ করে। 1-800-565-9140 (TTY:1-800-848-0298)।

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚክሶተው ቁጥር ይደውሉ 1-800-565-9140 (ፎክስን ለተሳናቸው: 1-800-848-0298)

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-565-9140 (TTY: 1-800-848-0298).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-565-9140 (TTY:1-800-848-0298).

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-800-565-9140 (TTY:1-800-848-0298) まで、お電話にてご連絡ください。

**PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-565-9140 (TTY:1-800-848-0298).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-565-9140 (TTY: 1-800-848-0298) पर कॉल करें।

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-565-9140 (телетайп: 1-800-848-0298).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-565-9140 (TTY:1-800-848-0298) تماس بگیرید.

**ATANSYON:** Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-565-9140 (TTY: 1-800-848-0298).

**UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-565-9140 (TTY: 1-800-848-0298).

**ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-565-9140 (TTY: 1-800-848-0298).

**ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-565-9140 (TTY: 1-800-848-0298).

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hólq, kojí' hódíilnih 1-800-565-9140 (TTY: 1-800-848-0298).