



VISION BENEFITS CLAIM FORM

IMPORTANT: Use this form to submit reimbursement requests for the purchase of prescription contact lenses or eyeglasses. Please complete a separate form for each family member. Complete the following steps prior to submitting the claim form to BlueLink TPA.

Note: Any missing, incomplete, incorrect, or illegible information may result in delay of payment or the form being returned.

1. Enter all required information in all sections of this form to ensure proper benefit allocation.
2. BlueLink TPA will only accept **itemized paid receipts that indicate the services and/or materials provided including the lens type- i.e single vision, bifocal, or trifocal – if applicable** and the amount charged for each service.
3. Sign and Date the claim form. *Submission of this claim form does not guarantee payment of services.*
4. Mail the completed claim form to: BlueLink TPA

P.O. Box 64668
St. Paul, MN 55164

Questions? Please call Customer Service at (651) 662-4593 or 1-866-477-1587.

SUBSCRIBER INFORMATION (Required)

Subscriber Name	Birth Date ____/____/____	Telephone number	
Mailing Address	City	State	Zip Code
Subscriber ID Number	Group Number	Name of Employer	

PATIENT INFORMATION (Required)

Patient Name	Birth Date ____/____/____	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Relationship to Subscriber <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other	Is there another Health Benefit Plan <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete other insurance information</i>	

CLAIM INFORMATION (Required) Please enter the amount charged. Please check all those that apply.

Date of Service ____/____/____	Eye/Vision Exam <input type="checkbox"/> New Patient <input type="checkbox"/> Existing Patient <input type="checkbox"/> Intermediate <input type="checkbox"/> Comprehensive	Frame <input type="checkbox"/> Standard <input type="checkbox"/> Deluxe <input type="checkbox"/> Safety	
Diagnosis Code ICD-10 _____	HCPCS/CPT _____	HCPCS/CPT _____	
Lenses <input type="checkbox"/> Single Vision (HCPCS/CPT) _____ <input type="checkbox"/> Bifocal (HCPCS/CPT) _____ <input type="checkbox"/> Trifocal (HCPCS/CPT) _____ <input type="checkbox"/> Progressive (HCPCS/CPT) _____ <input type="checkbox"/> Other (HCPCS/CPT) _____	Contacts <input type="checkbox"/> Contacts (HCPCS/CPT) _____ <input type="checkbox"/> Contacts Fitting (HCPCS/CPT) _____ <input type="checkbox"/> Extra Add on (HCPCS/CPT) _____ <input type="checkbox"/> Other (HCPCS/CPT) _____	Charges	Amount
		Lens Charge	\$ _____
		Frame Charge	\$ _____
		Dispense Fee	\$ _____
		Special Features	\$ _____
		Sales Tax (if any)	\$ _____
		Total	\$ _____
		Amount Paid	\$ _____

PROVIDER INFORMATION (Required)

Provider Name, Address and Zip code	Tax ID Number (TIN)	Telephone Number
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FRAUD WARNING: Any person who knowingly files a statement of claim containing any misrepresentations or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.

Employee Signature: _____

Date: _____

FRAUD WARNINGS

Alabama, Arkansas, District of Columbia, Louisiana, Massachusetts, Minnesota, New Mexico, Ohio, Rhode Island and West Virginia: 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 fines and confinement in prison.

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.

California: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a 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 presents 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.

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

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

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 thereto commits a fraudulent insurance act, which is a crime.

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

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

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing 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 and 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 shall also be subjected to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Oregon: Any person who knowingly presents a materially false statement of claim may be guilty of a criminal offense and may be subject to penalties under state law.