

VISION CLAIM FORM

RETURN THIS FORM TO:

Hancock County Board of Education
 Vision Plan
 3150 US Route 60
 Ona, WV 25545

TO BE COMPLETED BY EMPLOYEE

Name of Employee - Social Security # XXX-XX-	Family _____ Single _____	Sex _____ Age _____	Phone No. _____
Address of Employee Number & Street _____ City _____ State _____ Zip Code _____			
Is the person for whom this claim is being made covered by any other group plan? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Group _____		Policy Number _____	
Name of Insurance Company _____		Address _____	

IF CLAIM IS FOR DEPENDENT ANSWER THE FOLLOWING QUESTIONS

Name of Dependent _____	Married _____ Single _____ Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth _____	Relationship _____
Address of Dependent _____		Employer of Dependent _____	

AUTHORIZATION

Employer _____	I authorize release to the above Plan any information required to process my claim. A photocopy of this authorization may be honored.
Date _____	_____ Employee's Signature
	_____ Employee's Signature

TO BE COMPLETED BY DOCTOR

Patient's Name _____	Patient's Address _____
Was Prescription Written <input type="checkbox"/> Yes <input type="checkbox"/> No	Initial Glasses or Replacement? _____
If Replacement, Indicate Change in Dipter and Degree of Axis From Prior Prescription: _____	
Are Lenses For Sunglasses? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Prior Prescription _____

INDICATE CHARGES FOR SERVICES & MATERIALS:

Examination: Date _____	Fee Charged: \$ _____
Lenses Furnished: Date of Delivery _____	Fee Charged: \$ _____
Indicate Type of Lenses	
Single Vision _____ Bifocal _____	Date of Delivery _____
Trifocal _____ Lenticular _____	
Contacts _____	
Frames: Date of Delivery _____	Fee Charged: \$ _____
Total Cost To Patient: _____	Fee Charged: \$ _____
Date: _____ State License Reg. No. _____	Tax I.D. No. _____
Print Signature: _____	Doctor's Address: _____
Doctor's Signature _____	Doctor's Phone _____

Please print then sign above your printed name: