August 19, 2016

SUSAN STRANGE
3333 QUALITY DRIVE
RANCHO CORDOVA, CA 95670

Dear Susan Strange:

Thank you for your inquiry regarding reimbursement for vision care services.

Enclosed is a claim form for reimbursement when services are received from a provider other than a VSP Doctor. Please complete the enclosed claim form and mail it to the address on the form, along with a copy of your itemized receipt(s). In order to process your claim the following information must be included on the itemized receipt(s).

- The name of the provider
- The name of the patient
- The date of service
- A complete description of each service provided (exam, lens, frame or contacts)
- The amount paid for each service

If you are coordinating benefits with another insurance carrier, we need a complete copy of the Explanation of Benefits from your primary insurance carrier. The Explanation of Benefits must indicate the service(s) received, as well as the amount paid, denied or applied to your deductible. This information can be obtained from the provider.

In addition to the reimbursement claim form, the information contained on the itemized receipt is needed to ensure accurate and timely payment. Your claim could be subject to denial if the requested documentation is not received.

If you need further assistance, please contact VSP Member Services at 800-877-7195 or TDD: 800-428-4833 (Monday through Friday 5:00 a.m. to 8:00 p.m., Saturday 7:00 a.m. to 8:00 p.m. and Sunday 7:00 a.m. to 7:00 p.m., Pacific Time). You may also visit our Web site at vsp.com for additional information regarding your benefits.

Carol M. Ext. 2592
Customer Care Division


P.O. Box 997100, Sacramento, CA 95899-7100 | P: 916.635.7373 800.877.7195 | vsp.com

## Language Assistance Services Available

IMPORTANT: Can you read this letter? If not, we can have somebody help you read it. You may also be able to get this letter written in your language. For free help, please call right away at 800.877.7195.

IMPORTANTE: ¿Puede leer esta carta? Si no, alguien le puede ayudar a leerla. Además, es posible que reciba esta carta escrita en su propio idioma. Para obtener ayuda gratuita, llame ahora mismo al 800.877.7195.

重要信息: 您是否能阅读此信? 如果无法阅读，我们将为您提供专员协助服务。我们也能够将此信翻译成您所使用的语言。欲洽询免费服务，请立即致电 800.877.7195.

# VSP Member Reimbursement Form

To request reimbursement, complete this form (in blue or black ink), enclose a legible copy of your itemized receipt(s), and send them to the following address. Be sure to keep a copy for your records.

VSP
PO Box 385018
Birmingham, AL 35238-5018

Ref #

## Member Information

Policyholder/Employee ID or Last 4 Digits of SSN

Date of Birth ___/___/____

First Name Last Name

Address Apt

City State Zip

( ) - Daytime Phone #

Employer/ Group

## Patient Information

First Name Last Name

Member Spouse Child Domestic Partner

Date of Birth ___/___/____

If the patient is a child over the age of 18:

Is the child a full-time student? Yes No Is the child disabled? Yes No

## Claim Information (Dollar amounts must match the attached receipts)

Exam $ .

Frame $ .

Lens $ .

Lens tints or coatings $ .

Contacts $ .

Total Paid $ .
(Do not add tax or shipping)

Lens Type: (Choose One)

Single Progressive

Bi-focal Lenticular

Tri-focal Contacts

Date services were received ___/___/____

Check here if another insurance company has made payment to you, another insurer or the doctor's office.

If so, attach a copy of the statement showing payment.

## Provider Information

Store or Dr Name

( ) - Store or Dr Phone Number

I acknowledge that the above-named provider is not a VSP Preferred Provider and that VSP cannot guarantee eye care and/or eyewear satisfaction. 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 I have provided above is complete and accurate.

Claimant 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 an insurer, makes any claim for the proceeds of an 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 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 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.

**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.

**Puerto Rico**: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or files, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars ($5,000), not to exceed ten thousand dollars ($10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

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

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

**Pennsylvania and all other states**: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or 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 and subjects such person to criminal and civil penalties.