

VISION CLAIM FORM

BEST Life and Health Insurance Company
P.O. Box 890
Meridian, ID 83680-0890
800.433.0088 | Fax: 208.893.5040

ELECTRONIC PAYER ID NUMBER 95604

CHECK HERE IF THIS IS YOUR FIRST VISION CLAIM OR IF YOU HAVE MOVED SINCE YOUR LAST CLAIM ☐

EMPLOYEE: Complete items 1 through 10

1 Group number	7 Relationship to employee <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child
2 Employee's full name	8 Patient's birthday Mo _____ Day _____ Year _____
3 Employee social security no.	9 Is patient covered by other plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter name of other plan _____
4 Employee mailing address	10 I authorize BEST Life to pay benefits due to <input type="checkbox"/> Me <input type="checkbox"/> The doctor named on this form I hereby understand that without prior authorization from BEST Life and Health Insurance Company for services rendered, I may be denied reimbursement for submitted vision care services for which I am not eligible. I hereby authorize any insurance company, organization employer, ophthalmologist, optometrist, and optician to release any information with respect to this claim. I certify that the information furnished by me in support of this claim is true and correct.
5 Employer name	X _____ Date _____ (Employee Signature)
6 Patient name	

DOCTOR: Complete items 11 through 21

11 Doctor name	PROFESSIONAL SERVICE PLEASE CHECK BOX	DATE OF SERVICE	CHARGE	FOR ADMINISTRATIVE USE ONLY	
12 License no.	EXAM				
13 Doctor mailing address	Vision Analysis – M.D. <input type="checkbox"/>	/ /			
	Vision Analysis – O.D. <input type="checkbox"/>	/ /			
	LENS				
	Single Vision One <input type="checkbox"/> Two <input type="checkbox"/>	/ /			
14 Phone no.	Bifocal One <input type="checkbox"/> Two <input type="checkbox"/>	/ /			
	Trifocal One <input type="checkbox"/> Two <input type="checkbox"/>	/ /			
15 Doctor soc. sec. no. or IRS taxpayers ID no.	Lenticular One <input type="checkbox"/> Two <input type="checkbox"/>	/ /			
16 Treatment result of accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Coverage is provided for replacement of existing lenses only when required by a change in prescription.				
17 Result of occupational injury? <input type="checkbox"/> Yes <input type="checkbox"/> No	CONTACTS				
18 Diagnosis _____ _____ _____ _____	One Contact <input type="checkbox"/>	/ /			
	Two Contacts <input type="checkbox"/>	/ /			
	Is visual acuity of the patient correctable to 20/70 in the better eye with conventional lenses? <input type="checkbox"/> Yes <input type="checkbox"/> No Can it be corrected to 20/70 or better by use of contact lenses? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	FRAMES				
19 VISION SERVICES NOT COVERED ● Tinting ● Service/Insurance Contracts ● Oversized Lenses ● Plan/Prescription Sunglasses ● Contact Lens Supplies ● Special Purpose Vision Aids This is a partial list. For complete list, see Certificate of Insurance under Exclusions.	New Frame <input type="checkbox"/>	/ /			
	Patient Frame <input type="checkbox"/>	/ /			
	20 TOTAL FEE CHARGED				

21 I hereby certify that the services listed above have been performed

X _____ Date _____
(Doctor Signature)

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.

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.

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a 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.

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: The following statement is required by Arkansas Law

23-66-503(a): 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.

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: COLORADO LAW REQUIRES US TO NOTIFY YOU OF THE FOLLOWING: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to any 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.

DC: The District of Columbia requires us to notify you of the following:

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: FLORIDA LAW REQUIRES US TO NOTIFY YOU OF THE FOLLOWING: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii: Hawaii Law requires us to notify you of the following: For your protection, Hawaii law requires you 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: IDAHO LAW REQUIRES US TO NOTIFY YOU OF THE FOLLOWING: Any person who knowingly, and with intent to defraud any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.

Indiana: INDIANA LAW REQUIRES US TO NOTIFY YOU OF THE FOLLOWING: 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.

Kentucky and 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.

Louisiana and Rhode Island: 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.

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.

New Mexico: New Mexico state law requires us to notify you of the

following: 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.

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 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 may be a crime and may subject such person to criminal and civil penalties.

Pennsylvania: THE COMMONWEALTH OF PENNSYLVANIA REQUIRES US TO NOTIFY YOU OF THE FOLLOWING: 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.

Tennessee: TENNESSEE STATE LAW REQUIRES US TO NOTIFY YOU OF THE

FOLLOWING: "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits."

Texas: Texas law requires us to notify you of the following: 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.

Virginia: THE COMMONWEALTH OF VIRGINIA REQUIRES US TO NOTIFY YOU OF THE

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

Washington: THE STATE OF WASHINGTON REQUIRES US TO NOTIFY YOU OF THE

FOLLOWING: "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits."

All other states: Any person who knowingly, and with intent to injure, defraud or deceive any insurer or insurance company, files a statement of claim containing any materially false, incomplete, or misleading information or conceals any fact material thereto, may be guilty of a fraudulent act, may be prosecuted under state law and may be subject to civil and criminal penalties. In addition, any insurer or insurance company may deny benefits if false information is related to a claim by the claimant.