



## Tuesday Tip – Out-of-Network (OON) Vision Services Claim Form

Most EyeMed Vision Care plans allow members the choice to visit an in-network or out-of-network vision care provider. New for 2016, our members are now able to be reimbursed **\$90** for OON vision services. Members will only need to complete the attached [OON Vision Services claim form](#) if they are visiting a provider that is not a participating provider in the EyeMed network. The form would need to be completed and sent to First American Administrators within one (1) year from the original date of service at the out-of-network provider's office.

Here are the steps members should follow to be reimbursed for OON vision services:

1. When visiting an out-of-network provider, you are responsible for payment of services and/or materials at the time of service. First American Administrators will reimburse you for authorized services according to your plan design.
2. Please complete all sections of the form to ensure proper benefit allocation. Plan information may be found on your ID Card or by calling 866.591.1863.
3. First American Administrators will only accept **itemized paid receipts** that indicate the services provided and the amount charged for each service. The services must be paid in full in order to receive benefits. Handwritten receipts must be on the provider's letterhead. Attach itemized paid receipts from your provider to the claim form. If the paid receipt is not in US dollars, please identify the currency in which the receipt was paid.
4. Sign the claim form.