

Eyewear Reimbursement Claim Form

Medica Advantage Solution® (HMO, PPO, HMO-POS, HMO I-SNP), Medica Group Advantage SolutionSM (PPO)

Your Medica plan reimburses up to an annual limit for the purchase of non-Medicare covered eyewear (contact lenses, eyeglasses, eyeglass lenses, eyeglass frames, and upgrades).*

Simply follow these three steps for reimbursement:

- ◆ Complete this claim form
- ◆ Attach your itemized receipt(s) and proof of payment
- ◆ Mail the completed form and a copy of your receipt(s) to:

FOR INTERNAL USE ONLY

Place of service: 11
CPT Code: V2799
Diagnosis Code: H52.6
Provider ID: 99-9999999

Medica Government Programs
PO Box 21342
Eagan, MN 55121

Please allow 30 calendar days for processing. All reimbursement requests must be submitted within 365 days from the date of purchase.

*Contact lens cases are not reimbursable under this benefit. Contact lens cases are only covered if supplied in original factory package with contact lens. Eyewear may be purchased in or out of network. Refer to the Prescription eyewear allowance in the Evidence of Coverage for your plan's limit.

| COMPLETE THE FOLLOWING (please print): | |
|---|----------------|
| Member Name: | Date of Birth: |
| Medica Identification Number: | Group Number: |
| Home Telephone Number: | |
| Date of Purchase: | |
| Total Amount Paid for Eyewear: | |
| Name of Vision Clinic or Provider: | |
| Clinic Location (City, State, Zip): | |





Questions? Call us 8 a.m.- 8 p.m. CT, seven days a week.

Medica Advantage Solution (HMO-POS), Medica Advantage Solution (PPO) members toll free: **1 (866) 269-6804** (TTY: **711**)

Medica Group Advantage Solution (PPO) members toll free: **1 (800) 575-2330** (TTY: **711**)

Medica Advantage Solution with CHI Health (HMO) and Medica Advantage Solution H3632-001 (PPO) members toll free: **1 (866) 398-7374** (TTY: **711**)

Medica Advantage Solution PartnerCare (HMO I-SNP), Medica Advantage Solution H0798-002 (HMO I-SNP) members toll free: **1 (877) 335-9181** (TTY: **711**)

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