

Eyewear Reimbursement Claim Form

Your Medica plan reimburses up to an annual limit for the purchase of one pair of non-Medicare covered eyeglasses or contact lenses. Contact lens cases are not reimbursable under this benefit. Contact lens cases are only covered if supplied in original factory package with contact lens. Refer to the *Prescription eyewear allowance* in the Evidence of Coverage for your plan's limit.

To receive a reimbursement, you must:

- ▶ Complete this claim form
- ▶ Attach your itemized receipt(s)
- ▶ Submit within 365 days from the date of purchase
- ▶ Allow 4 to 6 weeks for processing
- ▶ Send the completed form and a copy of your receipt(s) to:

Medica Claims
PO Box 30990
Salt Lake City, UT 84130

FOR INTERNAL USE ONLY

Place of service: 11
Cpt Code: V2799
Diagnosis Code: H52.6
Provider ID: 21-99999

TO BE COMPLETED BY POLICYHOLDER (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):	

MEDICA®



Questions? Call us 8 a.m.- 8 p.m. CT, seven days a week. Access to representatives may be limited at times.

Customer Service: **1-800-575-2330** TTY: **711**