

Out-of-network claim submissions made easy



Went out-of-network? No problem, let's walk through it

If you saw an out-of-network eye doctor and you have out-of-network benefits, your next step is to send us your completed claim form. You can now submit your form online or by mail:

- 1. Online.** Click below to complete an electronic claim form. Go green and get paid faster. — **or** — **2. By mail.** Complete and return the paperwork attached below.

[Access form](#) For complete terms and conditions, review the claim form.

Stay in-network and save on your next visit*



Choose an in-network provider

The benefits are clear. When you stay in-network, you save more money and get the full value of your vision benefits.

Plus, with Aetna VisionSM Preferred Network providers across the nation, you have access to thousands of convenient options that fit your lifestyle. You can see who you want to see, when and where you want to see them. Easily find an eye doctor at aetnavision.com or on the Aetna Vision Preferred mobile app. Search by location, store hours, who carries your favorite brand of frames and more — and then schedule your appointment.**



Form-free in-network

When you visit a network provider, it's easy to get an eye exam and get on with your day. No paperwork. No hassles.



Never pay sticker price in-network

When you stay in-network, you pocket discounts like†:

- Up to 40% off additional pairs of prescription glasses
- 20% off non-prescription sunglasses
- Up to 20% off anything above your frame allowance

In-store
and
Online

INDEPENDENT
PROVIDER
NETWORK



LENSCRAFTERS[®]

OPTICAL[®]

PEARLE
VISION[®]

CVS[®]

LENSCRAFTERS



OPTICAL[®]

GLASSES.COM

contactsdirect

Ray-Ban[®]

CVS[®]

See the good stuff

If you don't already have the Aetna VisionSM Preferred mobile app, be sure to download it from the App Store or Google Play today.

Aetna.com

10.09.301.1 (9/21)

aetna[®]

OUT-OF-NETWORK VISION SERVICES CLAIM FORM

*Vision care services frequency may vary. Check your benefits to verify your frequency of services type.

**At select in-network providers. †Discounts available at participating in-network providers. Discounts and benefits may vary. Check your benefits.

Apple, the Apple logo and iPhone are trademarks of Apple Inc., registered in the U.S. and other countries. App Store is a service mark of Apple Inc.

Google Play and the Google Play logo are trademarks of Google LLC.

Policies and plans are insured and/or administered by Aetna Life Insurance Company (Aetna). Certain claims administration services are provided by First American Administrators, Inc., and certain network administration services are provided through EyeMed Vision Care ("EyeMed"), LLC. Providers in the Aetna Vision network are contracted and credentialed through EyeMed Vision Care, LLC according to EyeMed's requirements. EyeMed and Aetna are independent contractors and not agents of each other. Provider participation may change without notice. Refer to Aetna.com for more information about Aetna® plans.

All trademarks and logos are the intellectual property of their respective owners.



Claim Form Instructions

You may be eligible for reimbursement when you visit an out-of-network provider. To request reimbursement, please complete and sign this form. Return the completed form and your itemized paid receipts to:

First American Administrators, Inc.

Attn: OON Claims, P.O. Box 8504, Mason, OH 45040-7111

Patient Last Name[†] Patient First Name[†] MI

Birth Date[†] (MM/DD/YYYY) Street Address[†]

City[†] State[†] Zip Code[†]

Patient Member ID # Relationship to Subscriber
Self Dependent

Doctor or Store Name where you received service[†]

Subscriber Last Name[†] Subscriber First Name[†] MI

Birth Date (MM/DD/YYYY) Street Address

City State Zip Code

Vision Plan Name Date of Service[†] (MM/DD/YYYY)

Vision Plan Group # Subscriber Member ID #

[†]Required

OUT-OF-NETWORK VISION SERVICES CLAIM FORM

Request for Reimbursement

Enter Amount Charged.[†] Remember to include itemized paid receipts.[†]

Service Type	Amount Charged	Lens Type	Please Check	Lens Options: Amount (if purchased) Charged
Exam *92014*	\$	Single *V2100*		Anti-Reflective *V2750* \$
Refraction *92015*	\$	Bifocal *V2200*		Polycarbonate *V2784* \$
Frame *V2025*	\$	Trifocal *V2300*		Scratch *V2760* \$
Contact Lens *S0500*	\$	Progressive *V2781*		Tint *V2745* \$
Contact Lens Fitting *92310*	\$	Prem Prog *V278126*		UV *V2755* \$
Lenses	\$	Other	\$	Roll and Polish *V2702* \$

Enter Total Amount Paid as shown on receipt, excluding sales tax[†] \$

I hereby authorize any insurance company, organization employer, ophthalmologist, optometrist and optician to release any information with respect to this claim. 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 furnished by me is true and correct.

Member/Guardian/Patient Signature (not a minor)[†]

Date

[†]Required

Network Access Exceptions

We work hard to make sure that you have access to thousands of eye doctors across the nation. Whether it's due to location or provider availability, you may need to go out-of-network to receive care.

Based from your home or office location, you have the right to obtain in-network level of benefits with an out-of-network provider when: (i) you cannot schedule a visit within two-weeks, (ii) you are unable to locate a participating provider within a 10-mile radius in an urban-suburban area, or (iii) you are unable to locate a participating provider within a 20-mile radius in a rural area.

Caution, this option is not available when you choose to use an out-of-network provider due to (i) your preference, (ii) when your personal schedule does not permit you to schedule an appointment with an available provider in two-weeks, (iii) or you are outside of your home or office location. Any person who, with intent to defraud or knowing that he or she 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.

If this applies to you, please complete the following form. If not, please skip this section.

OUT-OF-NETWORK VISION SERVICES CLAIM FORM

Check the boxes that apply. I acknowledge that I fit into one or more of the following criteria:

I was unable to schedule a visit within two weeks with a participating provider. Please provide the participating provider's name, location and contact information in which you attempted to schedule an appointment:

Provider's Name **Provider Telephone Number (000-000-0000)**

Provider Street Address

City **State** **Zip Code**

I was unable to locate a participating provider within a 10-mile radius in an urban-suburban area.

Please provide the zip code in which you were attempting to locate a provider:

Zip Code

OR

I was unable to locate a participating provider within a 20-mile radius in a rural area.

Please provide the zip code in which you were attempting to locate a provider:

Zip Code

Should you fail to provide the requested information associated with the criteria you selected above, you agree that we can process your claim as an out-of-network claim.

OUT-OF-NETWORK VISION SERVICES CLAIM FORM

State Fraud Warning Statements

General Fraud Warning: Any person who knowingly and with intent to injure, defraud or deceive 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.

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of 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. **Arkansas, District of Columbia, Rhode Island, West Virginia:** Any person who knowingly presents a false or fraudulent claim for payment of 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. **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:** 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 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. **Florida:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. **Kansas:** Any person who with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud as determined by a court of law. **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 there to commits a fraudulent insurance act, which is a crime. **Louisiana:** Any person who knowingly presents a false or fraudulent claim for payment of 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. **Maine and Tennessee:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits. **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. **Missouri:** 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, denial of insurance and civil damages, as determined by a court of law. Any person who knowingly and with intent to injure, defraud or deceive an insurance company may be guilty of fraud as determined by a court of law. **New Jersey:** Any person who includes any false or misleading information on an application for an insurance policy or 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 material 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. **North Carolina:** Any person who knowingly and with intent to injure, defraud or deceive 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 material fact material thereto commits a fraudulent insurance act, which may be a crime and subjects such person to criminal and civil 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 with intent to injure, defraud, or deceive any insurance company or other person submits an enrollment form for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto may have violate state law. **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. **Puerto Rico:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (\$5,000) and not more than ten thousand (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years. **Texas:** Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person files an application for insurance or statement of claim containing any intentional misrepresentation of material fact or conceals, for the purpose of misleading, information concerning any fact material thereto may commit a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties. **Vermont:** Any person who knowingly and with intent to injure, defraud, or deceive 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. **Virginia:** Any person who knowingly and with intent to injure, defraud, or deceive 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 act, which is a crime and subjects such person to criminal and civil penalties. **Washington:** 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.

OUT-OF-NETWORK VISION SERVICES CLAIM FORM

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,

P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),

1-800-648-7817, TTY: 711, Fax: 859-425-3379 (CA HMO customers: 860-262-7705),
CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <http://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).