

VISION CLAIM FORM

MASON COUNTY BOARD OF EDUCATION

3150 US RT 60 * ONA, WV 25545 * (304) 525-0331 * (304) 525-6005 FAX

EMPLOYEE SECTION			
Employee Social Security No.	Employee Last Name	Employee First Name	M.I.
Home Phone Number	Street Address		
City, State, Zip Code			Date of Birth
Employed By			

Are group health insurance benefits payable from any other source for the expenses submitted?
 Yes No If "Yes," Name _____ Policy No. _____

Address _____

If claim is for **Dependent**, answer the following questions: Dependent Name _____

Dependent's Social Security No. _____ Date of Birth _____ Spouse Child

MEDICAL EXAMINER SECTION (After completion of this form, please attach itemized bills and mail to the Health Fund at the address show above)

Name of Patient _____

Was prescription written: <input type="checkbox"/> Yes <input type="checkbox"/> No	Initial glasses or replacement? <input type="checkbox"/> Initial <input type="checkbox"/> Replacement	If replacement, indicate change in dipter and degree of axis from prior prescription:
Are lenses for sunglasses? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Prior Prescription:

INDICATE CHARGES FOR SERVICES & MATERIALS:

Examination Date:	Exam Fee Charged:	
Type of Lenses: <input type="checkbox"/> Single <input type="checkbox"/> Bifocal <input type="checkbox"/> Trifocal <input type="checkbox"/> Lenticular <input type="checkbox"/> Contacts	Date of Delivery:	Lenses Fee Charged:
Frames Date of Delivery:	Frame Fee Charges:	Total Cost to Patient:

Date _____, 20____ Signed _____, Degree _____
(PLEASE PRINT, THEN SIGN ABOVE YOUR PRINTED NAME)

Address _____ Phone Number _____

Physician's T.I.N. _____ State License Reg. No _____
(MUST BE FURNISHED UNDER AUTHORITY OF LAW)

EMPLOYEE'S ASSIGNMENT

I authorize the release of information required to process my claim.
 Date _____, 20____ Signed _____
(SIGNATURE OF EMPLOYEE)

I authorize payment directly to the provider of service.
 Date _____, 20____ Signed _____
(SIGNATURE OF EMPLOYEE)

