



A Turn For The Better



### Vision Claim Submittal Form

Instructions: A separate form must be completed for each vision care visit. *All fields are required.* All payments will be paid to the member, which is normally the employee.

Steps:

Print and complete the form (please write clearly). Attach the detailed or itemized receipt.

The vision receipt must indicate the date of service, the “patient” name, the procedures/items purchased, and the cost of services.

Send the claim form and receipt to Simple:

a. By mail:

Simple

2810 Premiere Pkwy, Ste. 400

Duluth, GA 30097

b. By fax: 1.678.258.8299

c. Email: [claims.t5a@90degreebenefits.com](mailto:claims.t5a@90degreebenefits.com)

Failure to follow these steps may cause the claim to not be processed.

Employee Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Employer Name or Group Number \_\_\_\_\_

Employee SSN: \_\_\_\_\_ or Member ID #: \_\_\_\_\_

Mailing Address for claim payment:

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

“Patient” Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ or Member ID #: \_\_\_\_\_

Relationship to Employee: \_\_\_\_\_



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Date of Visit: \_\_\_\_\_

Name of Vision Care Provider: \_\_\_\_\_

Item/Service Purchased:

- |          |              |
|----------|--------------|
| 1. _____ | Price: _____ |
| 2. _____ | Price: _____ |
| 3. _____ | Price: _____ |
| 4. _____ | Price: _____ |
| 5. _____ | Price: _____ |
| 6. _____ | Price: _____ |
| 7. _____ | Price: _____ |
| 8. _____ | Price: _____ |
| 9. _____ | Price: _____ |

**You Must Attach an Itemized Statement; without an itemized receipt claims will not be processed.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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## How to file a Vision claim

### **Purchases and vision exams made at a retail store:**

Most vision care (exams, eyeglasses, frames, lenses, and contacts) are purchased at retail locations, such as Pearl, EyeMed, Lenscrafters, Costco, Walmart and independent retailers. Most of these locations require you to pay at the cash register, requiring you to file the claim yourself.

#### **Claim filing:**

Obtain a Vision Claim Submittal Form at [www.simple.us](http://www.simple.us). Print and complete the form (please write clearly), attach the vision care receipt, showing the items purchased (a credit card receipt or cash receipt may not provide the detail), and submit both to Simple.

Simple will send payment to you.

### **Your vision care provider files the claim for you.**

Many ophthalmologists and optometrists will file the claim on your behalf. Many may ask that you pay your share of the cost at the time of the visit. Show your plan ID card to your vision care provider. If you don't have a vision card, you can print a verification of benefits by registering at [www.simple.us](http://www.simple.us). Or have your vision care provider call Simple at 800-270-4158 to verify vision coverage and plan details.

#### **All claims should be submitted to Simple:**

**By Mail:** Simple  
Claim Processing Office  
2810 Premiere Pkwy, Ste. 400  
Duluth, GA 30097

**By Fax:** 1.678.258.8299



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