Plan Name:

Return this form to the claims processor

VISION CLAIM FORM	LOGAN COUNTY BOARD OF EDUCATION EMPLOYEE DENTAL AND VISION BENEFIT PLAN	**Benefit Assistance Corporation** PO Box 790 Ripley, WV 25271 Phone: (304) 372-7035
	Plan Administrator and Sponsor LOGAN COUNTY BOARD OF EDUCATION	Electronic Claims Submission: www.eedi.net Clearinghouse ID: 135221807

TO BE COMPLETED BY EMPLOYEE

EMPLOYEE NAME			SOCIAL SECURITY OR MEMBER ID NUMBER	
EMPLOYEE ADDRESS	NUMBER AND STREET	CITY	STATE	ZIP CODE
☐ MARRIED ☐ SINGLE	SEX ☐ MALE ☐ FEMALE	DATE OF BIRTH	TELEPHONE NUMBER	
ARE GROUP HEALTH INSURANCE BENEFITS PAYABLE FROM ANY OTHER SOURCE FOR THE EXPENSES SUBMITTED? ☐ YES ☐ NO		IF "YES" (A) INSURING ORGANIZATION (B) EMPLOYER		
(A) WAS CONDITION RELATED TO PATIENT'S EMPLOYMENT? ☐ YES ☐ NO		(B) AN AUTO ACCIDENT? ☐ YES ☐ NO		

IF CLAIM IS FOR DEPENDENT ANSWER THE FOLLOWING QUESTIONS

DEPENDENT NAME			RELATIONSHIP	
DEPENDENT ADDRESS (IF DIFFERENT)	NUMBER AND STREET	CITY	STATE	ZIP CODE
☐ MARRIED ☐ SINGLE	SEX ☐ MALE ☐ FEMALE	DATE OF BIRTH	EMPLOYER OF DEPENDENT	

AUTHORIZATION

I authorize release to Logan County Board of Education Employee Dental/Vision Benefit Plan of any information required to process my claim. A photocopy of this authorization may be honored	I authorize payment directly to the provider of service
EMPLOYEE'S SIGNATURE	EMPLOYEE'S SIGNATURE

TO BE COMPLETED BY DOCTOR

PATIENT'S NAME				PATIENT'S ADDRESS
WAS PRESCRIPTION WRITTEN?	☐ YES	☐ NO		INITIAL GLASSES OR REPLACEMENT?
IF REPLACEMENT, INDICATE CHANGE IN DIOPTER AND DEGREE OF AXIS FROM PRIOR PRESCRIPTION				
ARE LENSES FOR SUNGLASSES?	☐ YES	☐ NO		DATE OF PRIOR PRESCRIPTION

INDICATE CHARGES FOR SERVICES & MATERIALS

EXAMINATION	DATE OF EXAMINATION	FEE CHARGED $
LENSES FURNISHED	DATE OF DELIVERY	FEE CHARGED $

(Check One)

☐ SINGLE VISION ☐ BIFOCAL ☐ TRIFOCAL ☐ LENTICULAR ☐ CONTACTS

FRAMES	DATE OF DELIVERY	FEE CHARGED $
	TOTAL COST TO PATIENT	FEE CHARGED $

DATE	STATE LICENSE REG NO	TAX I D NO
DOCTOR'S SIGNATURE		PRINT DOCTOR'S NAME
		DOCTOR'S ADDRESS
		CITY STATE ZIP
		TELEPHONE