



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 to: 1-888-308-6009
- c. By email: 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. 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.

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: 1-888-308-6009

Or email: claims.t5a@90degreebenefits.com