



Anthem Vision Non-Network Claim Form

Consult your Certificate of Coverage to verify that your plan provides Non-Network Reimbursed benefits. Maximum benefits are achieved when services and materials are obtained from an Anthem Vision network provider. Completion of this claim form is not a guarantee of payment. Claims must be submitted within 365 days from the date of service. Non-Network benefits will be paid up to the amounts identified in the Non-Network Reimbursement Schedule but will not be paid in excess of the actual cost of the service or materials provided. Anthem Vision plans are designed to help ensure quality care and value through our network providers. To find an Anthem Vision network provider, visit us at www.anthem.com.

Please complete all sections of the form to ensure timely processing of your claim(s)

| Provider Information | | Member Information | |
|----------------------|---------|-------------------------|--|
| Provider's Name | | Patient's Name | |
| Address | | Subscriber's Address | |
| City / State / Zip | | City / State / Zip | |
| Phone Number | () | Patient's Date of Birth | |
| | | Subscriber ID | |
| | | Subscriber's Name | |

| Diagnosis Codes | | | | |
|-----------------|--|--|--|--|
| | | | | |

| | Services | Date of Service | CPT Code | Description | Amount Charged |
|------------------------------|-------------|-----------------|----------|-------------|----------------|
| Professional Services | Exam | | | | \$ |
| | Other | | | | \$ |
| | | | | | \$ |
| Eye Glasses | Lenses | | | | \$ |
| | Frames | | | | \$ |
| | Other | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| Contact Lenses | Contacts | | | | \$ |
| | Fitting Fee | | | | \$ |
| | Other | | | | \$ |
| TOTAL | | | | | \$ |

Member must submit original itemized receipt(s) showing paid in full along with this claim.

If your provider participates in the Anthem Vision network he/she will file a claim with Anthem Vision.
 Questions may be directed to Anthem Vision Customer Service at 888-799-6290.

Please send claim form and receipts to:
Anthem Vision
555 Middle Creek Pkwy.
Colorado Springs, CO 80921

In Colorado: Anthem Blue Cross and Blue Shield is the trade name of Rocky Mountain Hospital and Medical Service, Inc.
 In Connecticut: Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans, Inc.
 In Indiana: Anthem Blue Cross and Blue Shield is the trade name of Anthem Insurance Companies, Inc.
 In Kentucky: Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Kentucky, Inc.
 In Maine: Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Maine, Inc.
 In Nevada: Anthem Blue Cross and Blue Shield is the trade name of Rocky Mountain Hospital and Medical Service, Inc.
 In New Hampshire: Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of New Hampshire, Inc.
 In Ohio: Anthem Blue Cross and Blue Shield is the trade name of Community Insurance Company.
 In Virginia: Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Virginia, Inc.
 Independent licensees of the Blue Cross and Blue Shield Association.
 ©Registered marks Blue Cross and Blue Shield Association.