

# Out-Of-Network Reimbursement If Not Able To Use In-Network Provider

Use this form to request reimbursement for your out-of-network claim using your in-network benefits. One of the following exceptions must apply, based on your home or work address:

Based from your home or office location, you were unable to:

- (i) Locate a participating provider within a 10-mile radius in an urban-suburban area,
- (ii) Locate a participating provider within a 20-mile radius in a rural area, or
- (iii) Schedule a visit within two-weeks.

If one of the three exceptions above applies to you, you may complete this form on-line. By mail, you can print, complete and sign this claim form. If you are a Medicare member, you may use this form or just submit a written request with all information that would be on the form.

**First American Administrators, Inc.**  
**Attn: OON Claims, P.O. Box 8504, Mason, OH 45040-7111**

Caution, this option is not available when you choose to use an out-of-network provider due to:

- (i) your preference,
- (ii) when your personal schedule does not permit you to schedule an appointment with an available provider in two-weeks, or
- (iii) you are outside of your home or office location.

Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

I was unable to locate a participating provider within a 10-mile radius in an urban-suburban area.

Please provide the zip code in which you were attempting to locate a provider:

Zip Code: \_\_\_\_\_

I was unable to locate a participating provider within a 20-mile radius in a rural area.

Zip Code: \_\_\_\_\_

I was unable to schedule a visit within two-weeks with a participating provider.

Please provide the In-Network provider's name, address and phone number for whom you tried to schedule an appointment:

Provider's Information (Required)		
Provider's Name:		Provider's Phone Number:
Provider's Street Address:		
City:	State:	Zip Code:

Patient Information (Required)		
Patient Last Name:	Patient First Name:	Middle Initial:
Birth Date (MM/DD/YYYY):	Street Address:	
City:	State:	Zip Code:
Member ID Number:	Relationship to the Subscriber: <input type="checkbox"/> Self <input type="checkbox"/> Dependent	

Subscriber Information (Required)		
Subscriber Last Name:	Subscriber First Name:	Middle Initial:
Birth Date (MM/DD/YYYY):	Street Address:	
City:	State:	Zip Code:
Vision Plan Name:	Date of Service (MM/DD/YYYY):	
Vision Plan Group Number:	Subscriber Member ID Number:	

Doctor/Store Where Patient Received Services (Required)		
Provider's Name:	Provider's NPI:	
Provider's Street Address:		
City:	State:	Zip Code:

Request for Reimbursement - Please Enter the Amount Charged. Remember to include itemized paid receipts.					
Service Type	Amount Charged	Lens Type	Please Check	Lens Options (If purchased)	Amount Charged
Exam *92014*	\$	Single *V2100*	<input type="checkbox"/>	Anti-Reflective *V2750*	\$
Refraction *92015*	\$	Bifocal *V2200*	<input type="checkbox"/>	Polycarbonate *V2784*	\$
Frame *V2025*	\$	Trifocal *V2300*	<input type="checkbox"/>	Scratch *V2760*	\$
Contact Lens *S0500*	\$	Progressive *V2781*	<input type="checkbox"/>	Tint *V2745*	\$
Contact Lens Fitting *92310*	\$	Prem Prog *V278126*	<input type="checkbox"/>	UV *V2755*	\$
Lenses	\$	Other	\$	Roll and Polish *V2702*	\$
Enter total amount paid as shown on receipt, excluding sales tax.					\$

I certify that I have read the state fraud warnings. If I want a printed copy, I can contact the customer call center. I understand that I may be denied reimbursement if I am not eligible for out-of-network benefits or if I do not supply the requested information for the claim. I authorize any insurance company, organization employer, ophthalmologist, optometrist and optician to release any information with respect to this claim. I agree with all statements above and certify all of the information furnished on this form is true and correct.

Member/Guardian/Patient Signature (not a minor): \_\_\_\_\_ Date: \_\_\_\_\_

POWERED BY



**Alaska:** A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**Arizona:** For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**Arkansas:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**California:** For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud a policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Department of Insurance within the department of regulatory agencies.

**Delaware:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**District of Columbia:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Florida:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**Hawaii:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**Idaho:** Any person who knowingly and with intent to defraud or deceive any insurance company, files a statement or claim containing a false, incomplete or misleading information is guilty of a felony.

**Indiana:** A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony.

**Kansas:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**Kentucky:** Any person who knowingly and with intent to defraud any insurance company or other person files an application or claim for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Louisiana:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Maine:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Maryland:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Minnesota:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**New Hampshire:** Any person, who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in 638.20.

**New Jersey:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**New Mexico:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**New York:** Any person who knowingly and with intent to defraud insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

**Ohio:** Any person who, with intent to defraud, or knowing that he is facilitating a fraud against an insurer, submits an application or files a false claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma:** WARNING: Any person who knowingly and with intent to injure, defraud, or deceive any insurer makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Puerto Rico:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**Tennessee:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Texas:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Virginia:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Washington:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**West Virginia:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.