

## MEMBER OUT-OF-NETWORK REIMBURSEMENT REQUEST

In order to properly review and process your Out-Of-Network vision claim for reimbursement, please complete the following information (incomplete forms cannot be processed):

Group name	
Employee's name	
Employee's social security number	
OR	
Employee's ID number	
Name of individual receiving service	
Date of birth of individual receiving service	
Mailing address for reimbursement	
Please check all that apply (what services were provided)	):
<ul><li>Exam</li><li>Eyeglasses (lenses/frames)</li><li>Contact Lens (exam/fitting fee)</li><li>Contact Lenses</li></ul>	

Please **submit** this completed form (<u>via US MAIL ONLY</u> AND <u>WITHIN TWELVE (12) MONTHS</u> <u>FROM THE DATE OF SERVICE</u>), along with the **ORIGINAL PAID** receipt(s), to:

Advantica EyeCare
3290 Pine Orchard Lane
Suite D
Ellicott City, MD 21042

Please allow thirty (30) days for processing. **CLAIMS RECEIVED THAT ARE DATED BEYOND TWELVE (12) MONTHS FROM THE DATE OF SERVICE WILL NOT BE PROCESSED.** 

Should you have additional questions or require further assistance, please call Advantica EyeCare's Service Center toll free at 1-866-425-2323 and follow the prompts for "Member."

## ADVANTICA EYECARE CORPORATE OFFICE

Arbor Shoreline Office Park - 19321-C US Highway 19 North - Suite 320 - Clearwater, FL 33764 Telephone: 727.538.7719 - Toll Free: 866.354.2020

SERVICE CENTER

3290 Pine Orchard Lane - Suite D - Ellicott City, MD 21042 Telephone: 410.418.4414 - Toll Free: 866.425.2323

Website: www.advanticaeyecare.com