

SAFETY STORE Vision Claim Form Instructions

You may file your claim online through VSP.com. After you log in, just follow the steps under Claims & Reimbursement. If you would prefer to mail your claim form and receipts, follow the process below.

1. To help ensure correct and efficient payment of claims for routine vision services, please complete the **required** information on this form and review the following reminders:

- Is your policyholder/employee ID or last 4 digits of the SSN included on the form?
- Did you check the appropriate box or boxes for the item(s) or services you wish to have covered?
 - Indicate whether you are submitting a claim for an exam, glasses, or contacts by placing a check in the space after the description(s).
- Did you complete all the provider information including store or doctor name? Your provider's office can provide this number to you.
- Did you attach the receipt?
 - The receipt contains your name, the services and supplies purchased and name and address of the store or supplier.
 - Please be sure the name on the receipt does not contain any nicknames that would not match what VSP would have on record for you or your dependent. For example, Nate Smith will not be recognized if recorded at VSP as Nathan Smith. If your name does not match, please note the different name on the receipt.
- If the receipt does not have a price, also include the cash register receipt with the items to be reimbursed circled. It is important to note that for your claim to be processed appropriately, we must be able to match up the services with the amount paid. If your receipt does not have a price, an itemized cash register receipt is required.
- Please do not highlight or staple items together.

If you have any questions about the processes above, please contact VSP at **(800) 877-7195**.

2. To submit your claim form and receipt(s), mail them to:

Vision Service Plan
Attention Claim Services
P.O. Box 385018
Birmingham, AL 35238-5018