CLAIM FORM -- VISION CARE BENEFITS

PLEASE RETURN COMPLETED FORM AND ITEMIZED RECEIPTS TO:

BMGi – Claims Dept.
625 Enterprise Drive
Oak Brook, IL 60523

MEMBER INFORMATION – REQUIRED FOR ALL CLAIMS

Member's FULL Name _____

Member's Date of Birth _____ ID or Social Security _____

Street Address	City	State	Zip Code

PATIENT / DEPENDENT INFORMATION – IF CLAIM IS FOR ELIGIBLE DEPENDENT

Patient's FULL Name _____ Date of Birth _____

Relationship to Member: Self ☐ Spouse ☐ Dependent Child ☐

OTHER INSURANCE INFORMATION

NOTE: Attach copy of EOB (Explanation of Benefits) or denial from Other Insurance or Medicare.

Do you **or** your dependents have ANY other vision insurance? Yes ☐ No ☐

If yes, name of insured person _____ Relation to Member _____

Insured person's employer _____

Employer name & address _____

NOTE: Attach your EOB (explanation for benefits) or denial from Other Insurance or Medicare.

TO BE COMPLETED BY EYE CARE PHYSICIAN OR ATTACH ITEMIZED RECEIPTS

Date of Service: _____

Service Type	*Amount Charged*	*Lens Type:*	*Lens Options:*	*Amount Charged*
Exam	$	☐ Single	☐ Anti-Reflective	$
Refraction	$	☐ Bifocal	☐ Polycarbonate	$
Frame	$	☐ Trifocal	☐ Scratch	$
Contact Lens	$	☐ Progressive	☐ Tint	$
Contact Lens Fitting	$	☐ Prem Prog	☐ UV	$
Lenses	$	☐ Other $	☐ Roll & Polish	$
Enter Total Amount Paid as shown on receipt, EXCLUDING TAX				$

AUTHORIZATION

I certify that the information furnished by me in support of this claim is true and correct. I authorize the release of any facts for myself or my dependents pertaining to this claim. A photocopy of this authorization shall be considered as effective and valid as the original.

Member's Signature _____ Date

Patient's Signature or Member (if minor) _____ Date

ASSIGNMENT OF PAYMENT TO PROVIDER

I authorize payment of vision care benefits DIRECTLY TO THE PROVIDER of services and materials described above.

Provider Name _____ EIN _____

Full Mailing Address _____

Member's Signature _____ Date

Please either mail (address at top of form), Fax (630) 481-1580 or email (claims@bmgiweb.com) completed form and itemized receipts