

## VISION CLAIM FORM

**MONONGALIA COUNTY BOARD OF EDUCATION  
DENTAL AND VISION BENEFIT PLAN**

**RETURN THIS FORM TO:  
AMERICAN BENEFIT  
3150 RT 60  
ONA, WV 25545**

**TO BE COMPLETED BY EMPLOYEE**

NAME OF EMPLOYEE - SOCIAL SECURITY NUMBER	<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE	SEX AGE	PHONE NO.
ADDRESS OF EMPLOYEE	NUMBER AND STREET	CITY	STATE ZIP CODE

Is the person for whom this claim is being made covered by any other group plan?  Yes  No

Name of Group Policy Number

Name of Insurance Company Address

**IF CLAIM IS FOR DEPENDENT ANSWER THE FOLLOWING QUESTIONS**

NAME OF DEPENDENT	<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE SEX: <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH	RELATIONSHIP
ADDRESS OF DEPENDENT	EMPLOYER OF DEPENDENT		

**AUTHORIZATION**

EMPLOYER	I AUTHORIZE RELEASE TO MONONGALIA COUNTY BOARD OF EDUCATION VISION PLAN OF ANY INFORMATION REQUIRED TO PROCESS MY CLAIM. A PHOTOCOPY OF THIS AUTHORIZATION MAY BE HONORED.
DATE	
_____ EMPLOYEE'S SIGNATURE I AUTHORIZE PAYMENT DIRECTLY TO THE PROVIDER OF SERVICE.	
_____ EMPLOYEE'S SIGNATURE	

**TO BE COMPLETED BY DOCTOR**

PATIENT'S NAME	PATIENT'S ADDRESS
WAS PRESCRIPTION WRITTEN <input type="checkbox"/> YES <input type="checkbox"/> NO	INITIAL GLASSES OR REPLACEMENT?
IF REPLACEMENT, INDICATE CHANGE IN DIPTER AND DEGREE OF AXIS FROM PRIOR PRESCRIPTION:	
ARE LENSES FOR SUNGLASSES? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF PRIOR PRESCRIPTION

**INDICATE CHARGES FOR SERVICES & MATERIALS:**

EXAMINATION: _____	DATE _____	FEE CHARGED: \$ _____
LENSES FURNISHED: <u>DATE OF DELIVERY</u>		
SHOW TYPE OF CHECK MARK		FEE CHARGED: \$ _____
SINGLE VISION _____	BIFOCAL _____	
TRIFOCAL _____	LENTICULAR _____	DATE OF DELIVERY _____
CONTACTS _____		
FRAMES: _____	DATE OF DELIVERY _____	FEE CHARGED: \$ _____
<b>TOTAL COST TO PATIENT:</b>		FEE CHARGED: \$ _____
DATE: _____	STATE LICENSE REG. NO. _____	TAX I.D. NO. _____
DOCTOR'S SIGNATURE: _____		DOCTOR'S ADDRESS: _____