

First American Administrators, Inc.

A wholly owned subsidiary of EyeMed Vision Care, LLC.

Johnson & Johnson Myopia Management

In-network Claim Form



Instructions: Complete this form and fax it to 866.293.7373, or mail to EyeMed Vision Care, P.O. Box 8504, Cincinnati, OH 45040. All fields required unless noted.

Patient Information			
Last Name	First Name		Middle Initial
Street Address	City	State	Zip Code
Birth Date (MM/DD/YYYY)	Telephone Number with area code		
Relationship to subscriber (check one) <input type="checkbox"/> Child <input type="checkbox"/> Other			
Date of Service (MM/DD/YYYY)			
Group Name	Group Number		
Patient Member ID # (if applicable)			
Subscriber Information			
Last Name	First Name		Middle Initial
Street Address	City	State	Zip Code
Birth Date (MM/DD/YYYY)	Telephone Number with area code		
Provider Information			
Servicing location name and address			
Provider Tax ID Number		Date submitted	
Servicing Provider Name (printed)		Provider Signature	



Johnson & Johnson Myopia Management Claim Form (continued)

Benefit covers office visits and materials approved for a myopia management treatment program, up to the allowed amount. Complete the following appropriate sections by checking or filling in the applicable ICD-10 code, procedure(s) and retail price for services and/or materials.

EXAM

ICD-10 code required; fill in below:

- ☐ H52.1 _____
☐ H44.2 _____

Check procedure code:

- ☐ 99202
☐ 99203
☐ 99204
☐ 99212
☐ 99213
☐ 99214
☐ 92012
☐ 92014
☐ 76516

\$ _____
Enter retail price

FITTING

ICD-10 code required; fill in below:

- ☐ H52.1 _____
☐ H44.2 _____

Check procedure code:

- ☐ 92310

\$ _____
Enter retail price

CONTACT LENSES

Fill in HCPCS code:

☐ _____

\$ _____
Enter retail price

Johnson & Johnson Myopia Management Claim Form (continued)

FRAUD WARNING STATEMENTS

FRAUD NOTICE: For the states of AL, AZ, AR, CA, CO, DE, DC, FL, GA, IN, KS, KY, LA, MD, ME, NC, NE, NJ, NM, OK, OR, PA, RI, TN, TX, VA, VT, WA and WV, please refer to the following fraud notices:

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

Arizona Fraud Notice: 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, Louisiana, Rhode Island, West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of 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 Division 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.

Georgia, Oregon, Vermont: 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 may be guilty of insurance fraud.

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 as determined by a court of law.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

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.

Maine, Tennessee, 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 may include imprisonment, fines or a denial of insurance benefits.

Nebraska: 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 material false or deceptive statement is guilty of insurance fraud.

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.

North Carolina: Any person with the intent to injure, defraud, or deceive an insurer or insurance claimant is guilty of a crime (Class H felony) which may subject the person to criminal and civil penalties.

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.

Texas: Any person who knowingly presents a false or fraudulent claim for 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.