

CLAIM CORRECTION

First American Administrators, Inc.

A wholly owned subsidiary of EyeMed Vision Care, LLC.

Medically Necessary Contact Lens

In-network Claim Form



Instructions: Complete this form and submit the additional supporting documentation:

- Point of sale documentation or a receipt issued to the member
- The signed exam record from the initial exam and contact lens evaluation

Then 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"/> Self <input type="checkbox"/> Spouse <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 (if information differs from patient)			
Last Name	First Name	Middle Initial	
Street Address	City	State	Zip Code
Birth Date (MM/DD/YYYY)	Telephone Number with area code		
Provider Information			
Provider Attestation: By signing below, I attest that the patient meets the requirements to receive medically necessary contact lenses per the criteria on this form, and that the patient is unable to achieve adequate functional vision without contact lenses.			
Servicing location name and address			
Provider Tax ID Number	Date submitted		
Servicing Provider Name (printed)	Provider Signature		

Medically Necessary Contact Lens Claim Form (continued)

Medically Necessary Qualifying Conditions

Provider: Benefit covers contact lens evaluation, fit & follow-up and materials. Check only 1 box next to the condition that applies according to the final prescription. Check or fill in the applicable ICD-10 code. Enter your retail price for the services and materials.

<input type="checkbox"/> <i>Check here</i> Anisometropia 92310AN ICD-10 code H52.31 Select if Rx differs by at least 3D in meridian powers between the 2 eyes \$ _____ Enter retail price	<input type="checkbox"/> <i>Check here</i> High ametropia 92310HA Select if Rx exceeds plus or minus 10D meridian powers in either eye Check appropriate ICD-10 code: Hypermetropia <input type="checkbox"/> H52.01 <input type="checkbox"/> H52.02 <input type="checkbox"/> H52.03 Myopia <input type="checkbox"/> H52.11 <input type="checkbox"/> H52.12 <input type="checkbox"/> H52.13 \$ _____ Enter retail price	<input type="checkbox"/> <i>Check here</i> Keratoconus - mild/moderate 92072 Select when keratoconus is present and Rx is not correctable to 20/25 in either or both eyes with spectacles Check appropriate ICD-10 code: <input type="checkbox"/> H18.601 <input type="checkbox"/> H18.602 <input type="checkbox"/> H18.603 <input type="checkbox"/> H18.609 <input type="checkbox"/> H18.611 <input type="checkbox"/> H18.612 <input type="checkbox"/> H18.613 <input type="checkbox"/> H18.619 \$ _____ Enter retail price	<input type="checkbox"/> <i>Check here</i> Keratoconus - advanced/ectasia 92072AD Select when keratoconus is present and one or more of the following conditions are met: <ul style="list-style-type: none"> • Corneal scarring • Steep K of 53D or higher • Corneal thickness <= 475 microns • Refraction not measurable Check appropriate ICD-10 code: <input type="checkbox"/> H18.621 <input type="checkbox"/> H18.622 <input type="checkbox"/> H18.623 <input type="checkbox"/> H18.629 <input type="checkbox"/> H18.711 <input type="checkbox"/> H18.712 <input type="checkbox"/> H18.713 <input type="checkbox"/> H18.719 \$ _____ Enter retail price
ICD-10 code: H52.31			

Medically Necessary Qualifying Conditions (continued)

Check here

Vision improvement

92310VI

Keratoconus is absent

Select for members whose vision can be improved by 2 lines on the visual acuity chart when compared to best corrected standard spectacle lenses

ICD-10 code:

_____.____ **Enter code**

\$_____ **Enter retail price**

Medically necessary contact lens claims are subject to state-specific fraud warnings. These are listed by each specified state and are provided below.

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of 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: 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 the 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/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.

Kansas: 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 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 there to commits a fraudulent insurance act, which is a crime.

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.

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.

New Hampshire: Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New York: 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 material fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

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.

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.

Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (\$5,000) and not more than ten thousand (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

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: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.