



Anthem Vision Non-Network Claim Form

Consult your Certificate of Coverage to verify that your plan provides Non-Network Reimbursed benefits. Maximum benefits are achieved when services and materials are obtained from an Anthem Vision/Anthem Blue Vision network provider. Completion of this claim form is not a guarantee of payment. Claims must be submitted within 365 days from the date of service. Non-Network benefits will be paid up to the amounts identified in the Non-Network Reimbursement Schedule but will not be paid in excess of the actual cost of the service or materials provided. Anthem Vision/Anthem Blue Vision plans are designed to help ensure quality care and value through our network providers. To find an Anthem Vision/Anthem Blue Vision network provider, visit us at www.anthem.com.

Please complete all sections of the form to ensure timely processing of your claim(s)

Provider Information		Member Information	
Provider's Name		Patient's Name	
Address		Subscriber's Address	
City / State / Zip		City / State / Zip	
Phone Number	()	Patient's Date of Birth	
		Subscriber ID	
		Subscriber's Name	

Diagnosis Codes				

	Services	Date of Service	CPT Code	Description	Amount Charged
Professional Services	Exam				\$
	Other				\$
					\$
Eye Glasses	Lenses				\$
	Frames				\$
	Other				\$
					\$
					\$
Contact Lenses	Contacts				\$
	Fitting Fee				\$
	Other				\$
TOTAL					\$

Member must submit original receipt(s) along with this claim.

If your provider participates in the Anthem Vision/Anthem Blue Vision network he/she will file a claim directly with Anthem Vision using other forms. Questions may be directed to Anthem Vision/Anthem Blue Vision Customer Service at 800-367-5897.

Please send claim form and receipts to:

**Anthem Vision
555 Middle Creek Pkwy.
Colorado Springs, CO 80921**

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