

VISION CARE CLAIM FORM

Pleasants County Schools
 202 Fairview Drive
 St. Mary's, WV 26170

RETURN THIS FORM TO:
 AMERICAN BENEFIT CORPORATION
 CLAIMS ADMINISTRATION
 3150 US RT. 60
 Ona, WEST VIRGINIA 25545
 (304) 525-0331

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
ARE GROUP HEALTH INSURANCE BENEFITS PAYABLE FROM ANY OTHER SOURCE FOR THE EXPENSES SUBMITTED? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF "YES" (A) INSURING ORGANIZATION. (B) EMPLOYER		

IF CLAIM IS FOR DEPENDENT ANSWER THE FOLLOWING QUESTIONS

NAME OF DEPENDENT		<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE	SEX AGE	RELATIONSHIP
ADDRESS OF DEPENDENT		EMPLOYER OF DEPENDENT		

AUTHORIZATION

EMPLOYER	I AUTHORIZE RELEASE TO _____ 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 DIOPTRER 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: DATE OF DELIVERY _____	FEE CHARGED: \$ _____
<i>SHOW TYPE BY CHECK MARK.</i>	
SINGLE VISION _____ BIFOCAL _____	DATE OF DELIVERY _____
TRIFOCAL _____ LENTICULAR _____	
CONTACTS _____	
FRAMES: DATE OF DELIVERY _____	FEE CHARGED: \$ _____
TOTAL COST TO PATIENT:	
DATE: _____ STATE LICENSE REG. NO. _____	FEE CHARGED: \$ _____ TAX I.D. NO. _____
DOCTOR'S SIGNATURE _____ DOCTOR'S ADDRESS _____	

EMPLOYEE INFORMATION SHEET

YOUR VISION BENEFITS PROVIDED BY PLEASANTS COUNTY BOARD OF EDUCATION

AMERICAN BENEFIT CORPORATION
 3150 US ROUTE 60
 ONA, WV 25545

PHONE: 304-781-3911
 FAX: 304-525-4274

Summary of services covered and benefits provided under your vision program:

**Annual Maximum Per Person
 Unlimited**

Note: Procedural maximums are not the provider's actual fees.

Service	Examples of Procedures	Procedural Maximum
Examinations	Exams are limited to once in any one-year period for all subscribers and their eligible dependents.	\$45.00
Lenses *Single Vision *Bifocal Lenses *Trifocal Lenses *Contact Lenses *Lenticular Lenses	Lenses are limited to once in any one-year period for all subscribers and their eligible dependents.	Single \$55.00 Bifocal \$90.00 Trifocal \$100.00 Contact \$225.00 Lent. \$130.00
Frames	Frames are limited to once in any one-year period for all subscribers and their eligible dependents.	\$100.00