



Marple Newtown School District

Out of Network Vision Reimbursement Claim Form

National Vision Administrators (NVA) is the administrator of your vision care plan. We urge you to utilize participating NVA providers who can provide you with significant discounts on goods and services - this gives your benefit a greater value. Also, a Participating Provider will verify your coverage and process your claim for you directly with NVA. When you receive your services you will only have to pay the amount you are responsible for.

If you have selected a non-participating eye care provider, you will be responsible for one-hundred percent (100%) of the cost for your goods and services at the time of service. You must then fill out and submit this claim form along with your detailed receipts to be reimbursed as shown below.

Employee/Subscriber:

Last Name	First Name	SSN
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Full Mailing Address	Telephone Number
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Patient:

Last Name	First Name	Date of Birth	Relationship
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Provider:

Provider's Name. If you utilize more than one provider (i.e., for exam and then glasses) please list both in the space above. You must attach a detailed receipt for each provider along with this claim form. The receipt must include the Providers Name, Address and Telephone Number. You can simply attach your receipts, or you can enter the amounts in the space below to calculate the amount you will be reimbursed.

Services	Benefit	Date of Service	Amount Charged	Eligible Amount
Examination	100%			
Lenses and Lens Options	\$300			
Frames	\$15			
OR				
Contact Lenses (in Lieu of Glasses)	\$217			

Reimbursement:

Contact Lens Evaluation and Fitting: This is not a covered service.

How to Submit this Claim: Submit this claim form along with your detailed invoice/receipt to Brokerage Professionals. You will be reimbursed directly. You may **fax your invoice to 610-627-0256** or **mail your invoice to Brokerage Professionals, 40 West Front, Media PA 19063.**