

Direct Member Reimbursement Form

Instructions:

1. Use this form only if you go to an out-of-network provider for vision care **and** are required to pay up-front and out-of-pocket, **and** are requesting funds be reimbursed to you.
2. Please print using a blue or black pen.
3. Claim form MUST be signed, dated, and submitted with itemized receipt(s). Incomplete forms cannot be processed.
4. **Do NOT mail the original receipt(s).** Attach copies of your receipt(s) as proof of payment.
5. Keep a copy of this completed form for your records.
6. Member should complete 1 Form per Provider

SECTION 1: MEMBER INFORMATION

Name:				Date of Birth:	
Address:					
Phone:		Email:		Member ID:	
Referring Provider Name:		Referring Provider NPI:		Full Practice Address:	

SECTION 2: EXPENSE INFORMATION

Service Type:	Start Date of Service:	End Date of Service:	Reimbursement Amount:
	MM/DD/YYYY	MM/DD/YYYY	\$Dollars.Cents
Vision			
Provider Name:			
Vision			
Provider Name:			
Vision			
Provider Name:			

SECTION 3: CERTIFICATION

I certify the expenses listed above have been incurred by me. The claimed expenses have not been reimbursed, nor will I seek reimbursement from any other source. Bills, statements, receipts, or other proofs of expenses are attached. I have read and understand the instructions on the above page(s).

Signature:		Date:	
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FOR VISION REIMBURSEMENT

Customer Service: 1-866-434-0015 (TTY:711) Monday-Friday 8 a.m. to 8 p.m.	Fax: 1-855-865-9727 Email: MemberReimbursement@EmbossSpecialty.com	Mail: Member Reimbursement c/o Emboss Specialty P.O. Box 21503 Eagan, MN 55121
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Once all requested information has been received and meets your plan's reimbursement requirements, payment will be processed and mailed to you within 60 days.

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. Emboss Specialty, formerly Premier Eye Care, is an independent eye care provider contracted by Florida Blue Medicare. Florida Blue and Florida Blue Medicare are Independent Licensees of the Blue Cross and Blue Shield Association. Florida Blue is a trade name of Blue Cross and Blue Shield of Florida Inc.