

Eyewear Reimbursement Claim Form

Medica Prime Solution[®] Enhanced (Cost)

Your Medica plan provides up to **\$125** for one pair of non-Medicare covered eyeglasses or contact lenses once per calendar year. Contact lens cases are not reimbursable under this benefit. Contact lens cases are covered only when supplied in original factory package with contact lens.

To receive a reimbursement, you must:

- Complete this claim form
- Attach your itemized receipt(s)
- Submit within 365 days from the date of purchase
- Allow 4 to 6 weeks for processing
- **Send the completed form and a copy of your receipt(s) to:**

Medica Claims
PO Box 30990
Salt Lake City, UT 84130

FOR INTERNAL USE ONLY

Place of service: 11
Cpt Code: V2799
Diagnosis Code: H52.6
Provider ID: 21-99999

To Be Completed by Policyholder (please print):

| | |
|-------------------------------------|----------------|
| Member Name: | Date of Birth: |
| Medica Identification Number: | Group Number: |
| Home Telephone Number: | |
| Date of Purchase: | |
| Total Amount Paid for Eyewear: | |
| Name of Vision Clinic or Provider: | |
| Clinic Location (City, State, ZIP): | |

Questions? Call us at 952-992-2300 or 1-800-234-8755, 8 a.m.-8 p.m. CT, seven days a week. Access to representatives may be limited at times. TTY: 711

MEDICA[®]

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or co-payments/co-insurance may change on January 1 of each year.

Medica is a Cost plan with a Medicare contract. Enrollment in Medica depends on contract renewal.

Toll-free 1-800-234-8755 ■ TTY: 711