MetLife Vision Member Reimbursement Form

To request reimbursement, complete this form (in blue or black ink), enclose a legible copy of your itemized receipt(s), and send them to the following address. Be sure to keep a copy for your records.

MetLife Vision
PO Box 385018
Birmingham, AL 35238-5018

Ref #

Member Information

Policyholder/Employee ID or Last 4 Digits of SSN

Date of Birth ___ / ___ / ___

First Name

Last Name

Address

Apt

City

State

Zip

Daytime Phone # ( ) -

Employer/ Group

Patient Information

First Name

Last Name

Member ☐ Spouse ☐ Child ☐ Domestic Partner ☐

Date of Birth ___ / ___ / ___

If the patient is a child over the age of 18:

Is the child a full-time student? Yes ☐ No ☐ Is the child disabled? Yes ☐ No ☐

Claim Information (Dollar amounts must match the attached receipts)

	Lens Type: (Choose One)	Date services were received
Exam $.	Single ☐ Progressive ☐	___ / ___ / ___
Frame $.	Bi-focal ☐ Lenticular ☐	Check here if another insurance company has made payment to you, another insurer or the doctor's office. ☐
Lens $.	Tri-focal ☐ Contacts ☐	
Lens tints or coatings $.		If so, attach a copy of the statement showing payment.
Contacts $.		
Total Paid $. (Do not add tax or shipping)		

Provider Information

Store or Dr Name

Store or Dr Phone Number ( ) -

New York residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

By signing this claim form, I certify that I have read the applicable claim fraud warnings included with this form, and that all the information I have provided above is true and complete to the best of my knowledge. I acknowledge that the above-named provider is not a MetLife In-Network Vision Provider and that MetLife Vision cannot guarantee my eye care and/or eyewear satisfaction.

Signature: ______________________ Date: ___/___/____