

Vision Eyewear



With the Vision Eyewear Program, you can be reimbursed up to a maximum of \$100 per member per benefit year * toward the purchase of prescription eyeglasses (lenses and/or frames) and contact lenses.

To be reimbursed under this program, please pay for the prescription eyeglasses and/or contact lenses and then provide the following information to BCBSRI:

- Attach a copy of your detailed receipt with the amount you were charged
- Your provider's name, address, and telephone number
(Verify that they appear on the receipt.)

Insert the following information here:

BCBSRI Member Name: _____

Member ID: _____

Employee Address: _____

Date of Service: _____

Description of Service: _____

Provider Tax ID #: (if available) _____

Diagnosis Code for Service: _____

- Mail your receipt and a copy of this form to the following address:

Blue Cross & Blue Shield of Rhode Island

Claims Department

500 Exchange Street

Providence, RI 02903-2699

- Please retain a copy of this form and receipt for your records.

For more information or if you have questions, please call our Customer Service Department:

- All BCBSRI plans, except BlueCHiP: **(401) 459-5000**
or **1-800-639-2227**
- BlueCHiP plans: **(401) 274-3500** or **1-800-564-0888**

* Actual amount reimbursed is based on your benefit. Please allow approximately 4 to 6 weeks processing.

