



Vision Provider's Statement

Aetna Global Benefits®
Coverage underwritten by Aetna Life Insurance Company and Aetna Life & Casualty (Bermuda) Ltd.

- **This form should be completed and submitted if an itemized bill is not provided by the vision supply dispenser to accompany the Claim Form (GR-68069) or if the vision claims being submitted for consideration are charges incurred from a physician. The Summary of Reimbursement section of the Vision Benefit Request form will identify the party to whom benefit payments should be made payable/sent.**
- Fully itemized lab bills and receipts from a vision supply dispenser should include: Patient's name and relationship to employee, Provider/Dispenser Name/address/telephone number, type of lense dispensed (i.e. contacts, single vision, bifocal, etc), type of frame (wire, plastic, etc), date the appliance (i.e. glasses) was delivered to the patient, amount charged for each service/supply.
- **Dispenser NOTE:** If you have not provided fully itemized bills to the patient, **you** should complete items 20-29 of this form, attach it to all bills and a completed Claim Form (GR-68069), and mail them to the address on the back of the member's insurance Identification Card or **Aetna Global Benefits, P.O. Box 981543, El Paso, TX, 79998-1543, U.S.A.**
- Employee completes Sections 1-3.
- Doctor completes Sections 4 - 19.
- Dispenser completes Sections 20 - 29.

1. Employee's Name			2. Employee's Social Security/I.D. Number																											
3. Employee's Employer			Aetna Policy/Grp Number																											
4. Patient's Name			5. Patient's Birthdate (mm/dd/yyyy)																											
6. Doctor's Name & Address (include zip code)		7. Telephone Number ()	8. If applicable, enter the taxpayer identifying number to be used for U.S. 1099 reporting purposes. You are required under authority of U.S. law to furnish your taxpayer identifying number.																											
		9. Title <input type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> O.D.	10. Examination Date(s) (mm/dd/yyyy)																											
		11. Has Cataract surgery been performed? <input type="checkbox"/> No <input type="checkbox"/> Yes	12. Can visual acuity be restored to 20/70 in better eye with conventional eyeglasses? <input type="checkbox"/> No <input type="checkbox"/> Yes	13. Does patient require a prescription change at this time? <input type="checkbox"/> No <input type="checkbox"/> Yes																										
14. Diagnostic Code(s) _____ ; _____ ; _____ ; _____ ; _____																														
15. Indicate diagnosis or nature of disease or injury or vision disorder, indicate procedure code numbers					16. Visual acuity corrected to																									
17. Doctor's Prescription					18. Professional Service																									
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Sphere</th> <th>Cylinder</th> <th>Axis</th> <th>Prism</th> <th>Base</th> </tr> </thead> <tbody> <tr> <td>R.E. •</td> <td>•</td> <td></td> <td></td> <td></td> </tr> <tr> <td>L.E. •</td> <td>•</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Reading Add</td> <td>R.E.</td> <td>+ •</td> <td>L.E.</td> <td>+ •</td> </tr> </tbody> </table>					Sphere	Cylinder	Axis	Prism	Base	R.E. •	•				L.E. •	•				Reading Add	R.E.	+ •	L.E.	+ •	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>Examination Charge \$</td> </tr> <tr> <td>Sales Tax (if any) \$</td> </tr> <tr> <td>Total \$</td> </tr> <tr> <td>Amount Paid by Patient \$</td> </tr> </tbody> </table>	Amount	Examination Charge \$	Sales Tax (if any) \$	Total \$	Amount Paid by Patient \$
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19. I hereby certify that the procedures as indicated by date have been completed and that the fees submitted are the actual fees I have charged this patient and intend to accept for those procedures. Doctor's Signature _____ Date _____																														

Note: In lieu of dispenser completing this section a laboratory bill can be attached. Dispenser must sign this form, enter amount paid by patient.

20. Dispenser's Name & Address (include zip code)		21. Telephone Number ()	22. If applicable, enter the taxpayer identifying number to be used for U.S. 1099 reporting purposes. You are required under authority of U.S. law to furnish your taxpayer identifying number.												
		23. Title <input type="checkbox"/> Optician <input type="checkbox"/> Optometrist <input type="checkbox"/> Ophthalmologist	24. Date (mm/dd/yyyy) <input type="checkbox"/> Order _____ <input type="checkbox"/> Delivery _____												
		25. Material Supplied <input type="checkbox"/> Glass <input type="checkbox"/> Plastic <input type="checkbox"/> Oversized <input type="checkbox"/> Tint # _____ <input type="checkbox"/> Pair <input type="checkbox"/> 1/2 Pair <input type="checkbox"/> Other _____													
26. Type of lenses dispensed <input type="checkbox"/> None <input type="checkbox"/> Single <input type="checkbox"/> Bifocal <input type="checkbox"/> Trifocal <input type="checkbox"/> Lenticular <input type="checkbox"/> Contacts <input type="checkbox"/> Sunglasses <input type="checkbox"/> Other (specify below)		27. If contact lenses, please complete <input type="checkbox"/> Therapeutic <input type="checkbox"/> Non-Therapeutic <input type="checkbox"/> Hard Lenses <input type="checkbox"/> Soft Lenses		28. Professional Service											
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29. I hereby certify that I have performed the services as indicated hereon and that the fees submitted are the actual fees I have charged this patient and intend to accept for those procedures. Dispenser's Signature _____ Date _____															

Misrepresentation

Any person who knowingly and with intent to injure, defraud or deceive 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 subjects such person to criminal and civil penalties.

Attention Arkansas, Louisiana, and West Virginia Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Attention California Residents: For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Attention Colorado Residents: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Attention Florida Residents: Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Attention Kansas Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person submits an enrollment form for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may have violated state law.

Attention Kentucky 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 may subject such person to criminal and civil penalties.

Attention Maine and Tennessee Residents: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

Attention Maryland Residents: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Attention New Jersey Residents: Any person who includes any false or misleading information on an application for an insurance policy or knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Attention 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 be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

Attention North Carolina Residents: Any person who knowingly and with intent to injure, defraud or deceive 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 may be a crime and subjects such person to criminal and civil penalties.

Attention Ohio and Pennsylvania 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 subjects such person to criminal and civil penalties.

Attention Oklahoma Residents: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Attention Oregon Residents: Any person who with intent to injure, defraud, or deceive any insurance company or other person submits an enrollment form for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto may have violated state law.

Attention Puerto Rico Residents: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Attention Vermont Residents: Any person who knowingly and with intent to injure, defraud or deceive 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 may be a crime and may subject such person to criminal and civil penalties.

Attention Virginia Residents: Any person who knowingly and with intent to injure, defraud or deceive 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 act, which is a crime and subjects such person to criminal and civil penalties.

Attention Washington Residents: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.