

Subscriber Claim Form For Eyewear



Blue Cross Medicare Plans Subscriber Claim Form for Eyewear

Some Blue Cross Medicare plans offer additional prescription eyewear benefits. To view your plan's benefits, review your Evidence of Coverage (EOC) or contact Customer Service at the number on the back of your identification card. If your prescription eyewear was received from a provider outside of your plan's network, complete this form and file a claim following the steps below. To find providers in your plan's network, you can visit bluecrossmn.com or contact Customer Service.

Important, please read the following: Claims must be submitted within one year from the date of service:

How to submit your claim:

1. Complete a separate subscriber claim form for each patient and for each provider.
2. Answer all of the questions.
3. Attach a copy of the itemized bill. The bill should show:
 - a. The provider's name and address
 - b. The diagnosis or symptoms of illness
 - c. The date, place and type of service
 - d. The charge for each service
4. Attach a copy of your Explanation of Health Care Benefits if you have additional health insurance coverage.

Please mail this completed form along with a copy of the itemized receipt within one year from the date of service using one of the options below:

**Blue Cross and Blue Shield of Minnesota
PO Box 982805
El Paso, TX 79998-2805**

Email: ISC.Subscriber.Claims@bluecrossmn.com

If you have further questions, please call Customer Service toll-free at the number on the back of your card (TTY users should call 711). Our hours of operations are 8 a.m. to 8 p.m. Central Time. We are available seven days a week October 1 through March 31 and available Monday through Friday the rest of the year.

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Blue Cross Medicare Vision Claim Form

To be completed by the subscriber:	
Subscriber's First/Last Name:	Name of Provider:
Date of Birth:	Provider NPI or Tax Identification Number:
BCBS Identification Number:	Provider's Address:
Date of Purchase:	Total Amount Paid:
Diagnosis Code(s) or Symptoms:	
Cataract Other	
CPT or Procedure Codes: (Or check one of the following):	
Contact Lenses Eyeglasses	

Signature _____

Signature of member or authorized representative is required. If Authorized Representative, proper documentation including Appointment of Representative (CMS 1696) form, Power of Attorney, or other authorization documents are required to appoint a representative to file claims on your behalf.

Blue Cross offers PPO and Cost plans with Medicare contracts. Enrollment in these Blue Cross plans depends on contract renewal.