ONLINE OUT OF NETWORK CLAIM FILING

Go to: eyemed.com

https://www.eyemedonline.com/managed-vision-care/member-forms/out-of-network-claim#/

1. Enter email address and click **Send Me a Claim Form** link button to have a claim form link emailed to the member.

2. Member receives message that the link request has been received.
   link can be received within minutes of submitting the request. (Check spam folder if email is not received.)

3. Click the I'm ready to start entering my claim link.
   Instructions for completing the form are presented to the member. After reading, member should click the I've read the instructions above and I'm ready to create my claim button.

4. Complete SUBSCRIBER details. Fields with an asterisk(*) are required.

5. Click either the Add Claim Information link <u>or</u> the Click here link to enter claim specific information.

6. Enter the patient's information. The member who received the OON services.

7. Click the checkboxes for the services filing for and enter the retail price from the itemized receipt.

8. When filing for specific services, only check those boxes. The claim will be processed based on the services checked.

   - **LENS FILING:**
     Select the base lens type and enter the retail price from the receipt. When hovering over the green question mark, definitions for each lens type display.

   - **LENS OPTIONS FILING:**
     Select the checkboxes for the lens options listed on the receipt. Not all plans offer OON reimbursements for lens options, but members can choose to enter the information here. However, members will only be reimbursed if the plan offers it.

Enter the Date of Service.

9. Enter the Doctor or Store name. When hovering over the question mark, an explanation displays.

    *When OON services are outside of the country, click the checkbox for **Foreign Currency** and enter the name of the currency.*

10. When checked, a currency converter determines reimbursement.
Upload receipts by clicking the Browse button and navigating to where the receipt is saved on the computer.

The following file formats are accepted: pdf., jpg, png, gif, bmp,tif, tiff. Word, Excel, PowerPoint are NOT accepted.

11. If submitting another claim, click the Save and Add Another button.

12. When done entering the claim, click the Save and Continue button.
After entering all claims and clicking Save and Continue, the claim information summary displays.

13. Click Edit under the total if adjustments or corrections are needed, or to remove the claim, click Remove.

14. The member must click the check box acknowledging the disclaimer; click the Sign and Submit this Claim button.

    A message the claim has been successfully submitted. Allow 30 days for claims processing. Members will also receive an email confirmation number.

    Note that on this screen, there is a link to the Provider Locator so members can locate an in-network provider.