Colonial Life®

Vision Claim Office
P.O. Box 14389
Baton Rouge, LA 70898-9100
Phone: (888) 400-9304

Vision Claim Form

Return completed form via fax **(855) 400-9307**, email **VisionClaims@ColonialLife.com**, or mail to the address above.

The following information is required with your DETAILED RECEIPT for reimbursement:

Subscriber Information			Patient Information		
1. Subscriber social security number or member ID number:			8. Patient relationship to Subscriber: ☐ Self ☐ Spouse ☐ Child ☐ Other		
2. Subscriber name (Last name, First name, MI):			9. Patient name (Last name, First name, MI):		
3. Subscriber's address:			10. Patient's address:		
City:	State:	Zip code:	City:	State:	Zip code:
4. Telephone: (_____) _____	5. Subscriber birth date: _____ / _____ / _____ MM DD YY		11. Telephone: (_____) _____	12. Patient birth date: _____ / _____ / _____ MM DD YY	
6. Email address:			13. Email address:		
7. Subscriber policy/Group number:			14. Patient status: ☐ Single ☐ Married ☐ Other ☐ Employed ☐ Full-time student ☐ Part-time student		
			15. Is patient covered under a medical plan? ☐ Yes ☐ No Is patient covered under another vision plan? ☐ Yes ☐ No		

Attach copy of receipt and supporting documentation.

Date of Service (MM/DD/YY)	Procedure Code	Diagnosis Code(s)	Amount Billed	Amount Paid
1. _____ / _____ / _____	_____	_____	$_____ . _____	$_____ . _____
2. _____ / _____ / _____	_____	_____	$_____ . _____	$_____ . _____
3. _____ / _____ / _____	_____	_____	$_____ . _____	$_____ . _____
4. _____ / _____ / _____	_____	_____	$_____ . _____	$_____ . _____
5. _____ / _____ / _____	_____	_____	$_____ . _____	$_____ . _____

Provider Information			
Provider federal tax ID or NP ID:	Eye care professional name:		
Facility name:	Facility address:		
City:	State:	Zip:	Telephone: (_____) _____

Patient's or authorized person's signature:
I authorize the release of any medical or other information necessary to process this claim.

Signature: _____ Print name: _____ Date: _____

NOTE: **Missing or inaccurate information on claim forms will cause delays in claim processing.** Copy of detailed receipt must be included.

Claim Fraud Statements

Before signing this claim form, please read the warning for the state where you reside and for the state where the insurance policy under which you are claiming a benefit is issued.

For your protection, state laws, including Alaska, Arizona, Arkansas, Connecticut, Delaware, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Louisiana, Maine, Maryland, Massachusetts, Michigan, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin and Wyoming require the following statement to appear on this claim form.

Fraud Warning: Any person who knowingly, and with intent to injure, defraud, or deceive an insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of insurance fraud, which is a felony.

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly present false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

California: Any person who knowingly presents 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.

Colorado: 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.

District of Columbia: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida: 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.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638.20.

New Jersey: Any person who knowingly and with intent to defraud any insurance company or other persons, files a 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, subject to criminal prosecution and civil penalties.

New York: 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.

Pennsylvania: 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.

Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. If aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present; it may be reduced to a minimum of two (2) years.