



# Vision Hardware Reimbursement Member Claim Form

Eligible members can be reimbursed\* 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 CDPHP®:**

- ▶ 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*)

<b>Member Name:</b>	<b>Date of Birth:</b>
<b>Member ID #:</b>	<b>Phone Number:</b>
<b>Date of Service:</b>	<b>Provider Tax ID #: (if available)</b>

*\* Actual amount reimbursed is based on your benefit, check your member materials or log in to your member account at [member.cdphp.com](http://member.cdphp.com) to determine coverage and reimbursement amount. Please allow approximately three to four weeks for processing. **Please note:** for HSA-qualified high deductible plans, you must satisfy your deductible before being eligible for the reimbursement.*

*Reimbursement will be made to the subscriber and sent to the address on file.*

### CERTIFICATION AND AUTHORIZATION

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 \$5,000 and the stated value of the claim for each such violation.

<b>Signature</b>	<b>Date Signed</b>
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Submit completed forms and documentation to:  
CDPHP  
P.O. Box 66602  
Albany, NY 12206-6602

### Discrimination is Against the Law

Capital District Physicians’ Health Plan, Inc. (CDPHP®) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

### Multi-language Interpreter Services

ATENCIÓN: Si habla otro idioma que no es el inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura en su tarjeta de identificación de miembro (TTY: 711).

注意：如果您使用的語言不是英語，您可以免費獲得語言援助服務。請致電您會員ID卡上的電話（聽力障礙電傳：711）。