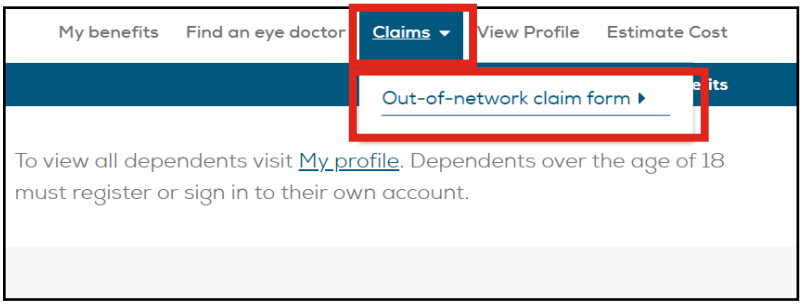
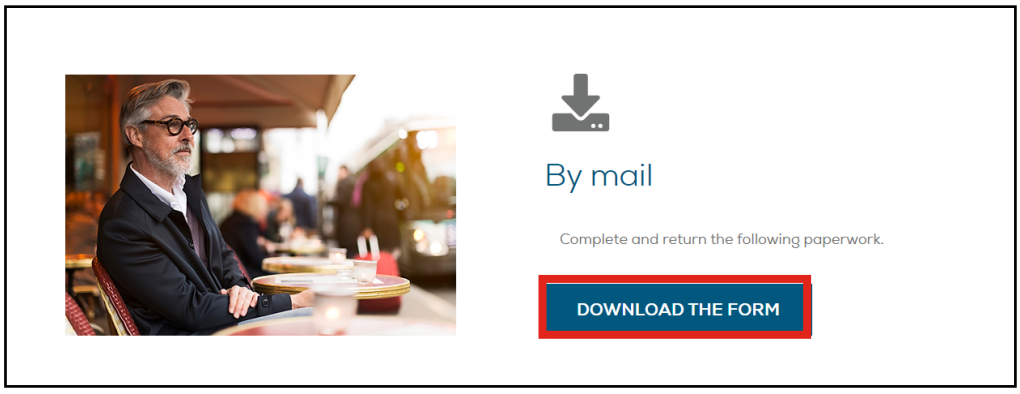
How to: Complete and Submit the Vision Out-of-Network Claim Form

Step #1: Create and/or login to your account at the website listed on your ID card and navigate to the vision section.

Step #2: Place your cursor over the “Claims” tab in the top navigation bar and click on “Out-of-network claim form”.

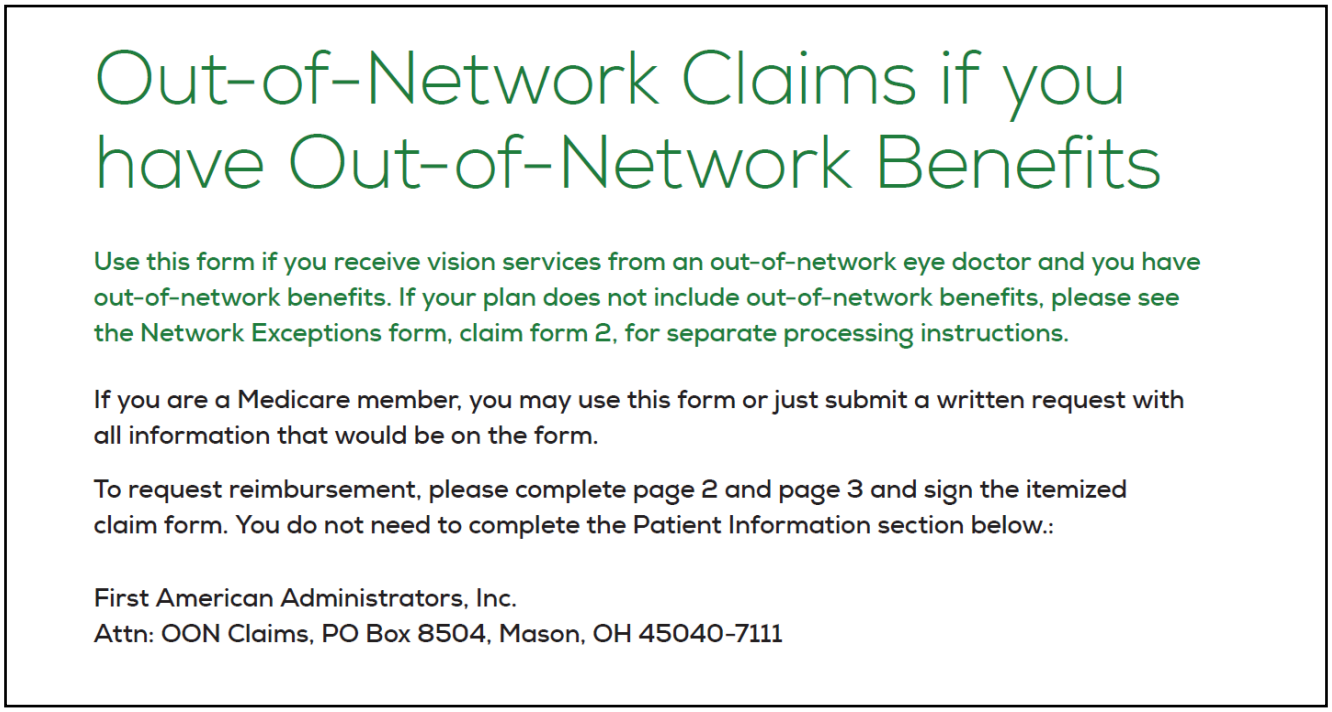


Step #3: Scroll down the page to the “By Mail” option and click on the “Download the Form” button.



Step #4: Follow the instructions listed at the top of page 1 of the form, completeing all required fields on pages 1-3.

Step #5: Follow the instructions at the top of Page 1 to submit your completed form.



Out-of-Network Claims if you have Out-of-Network Benefits

Use this form if you receive vision services from an out-of-network eye doctor and you have out-of-network benefits. If your plan does not include out-of-network benefits, please see the Network Exceptions form, claim form 2, for separate processing instructions.

If you are a Medicare member, you may use this form or just submit a written request with all information that would be on the form.

To request reimbursement, please complete page 2 and page 3 and sign the itemized claim form. You do not need to complete the Patient Information section below.:

First American Administrators, Inc.
Attn: OON Claims, PO Box 8504, Mason, OH 45040-7111

PLEASE NOTE: Should your OON Claim be accepted, you will be reimbursed for vision care and services received based on your in-network coverage for those services.