GROUP VISION CARE CLAIM FORM

SOUTH POINT BENEFITS

RETURN TO: SOUTH POINT BENEFITS
9777 Las Vegas Blvd. South
Las Vegas, NV 89183

EMPLOYEE'S INFORMATION

Name and Home Address of Employee (PRINT)	Social Security No.	Marital Status:
Mr. Mrs. Miss _____	- -	☐Widowed ☐Single ☐Married ☐Divorced ☐Legally Separated
Address Apt. # City State Zip		Date of Birth Month Day Year

Is your spouse employed? ☐Yes ☐No
If claim is for any child, is that child employed? ☐Yes ☐No

If the answer to either is "Yes", please show in "Remarks" the names of the persons who are employed, and the name and address of their respective employers.

Is patient also covered for vision care benefits from any other source? ☐Yes ☐No

Remarks

Was illness or injury due, in any way, to the patient's occupation?
☐Yes ☐No If "Yes", Explain

Was examination required by employer as condition of employment?
☐Yes ☐No

DEPENDENT'S INFORMATION (Complete Only If Patient Is A Dependent)

Name of Dependent	Date of Birth	Relationship	Marital status if other than spouse
		☐Wife ☐Husband ☐Child ☐Other _____(Relationship)	☐Single ☐Married ☐Widowed ☐Divorced ☐Legally Separated

Date _____

I hereby certify that the above statements are correct. _____
Employee's Signature

I authorize payment of vision benefits to undersigned physician or supplier for services described below.

_____
Employee's Signature

SECTION B To Be Completed By Doctor

Patient's Name _____ Age _____

Date service began _____ Date completed _____

Did you dispense materials? ☐Yes ☐No

Are these sunglasses? ☐Yes ☐No

Are the glasses tinted? ☐Yes ☐No

If yes: what tint # was used? _____

A. Was this a result of cataract surgery? ☐Yes ☐No

PRESCRIPTION WRITTEN BY: _____

Doctor's or Dispenser's Name _____
Please Print or Type Degree

Address _____

Doctor's or Dispenser's Signature _____ Date _____

Employer I.D. NO. _____ Telephone _____

CHARGES AND SERVICES

1. Examination $ _____
2. Lenses

Type & Number

	One	Two	
Single Vision	☐	☐	$ _____
Bi-focal	☐	☐	$ _____
Tri-focal	☐	☐	$ _____
Other			
_____	☐	☐	$ _____

3. Frames $ _____

TOTAL CHARGES $ _____