



Cataract Glasses Reimbursement Application

Member name: _____

Member ID #: _____ Date of service: ____/____/____

Name and address of cataract glasses provider:

Itemized charge:

1. _____ 3. _____
2. _____ 4. _____

Forward to: Claims Receipt Center
PO Box 211184
Eagan, MN 55121

In order to process this reimbursement, a copy of your paid claim receipt must be attached to this form. Please contact the Member Help Team at 1-800-645-3965 for Keystone 65 HMO members, or 1-888-718-3333 for Personal ChoiceSM 65 PPO members (TTY/TDD: 711), seven days a week, 8 a.m. to 8 p.m., if you have any questions regarding this benefit. Please note that on weekends and holidays from February 15 through September 30, your call may be sent to voicemail. Thank you for your cooperation.

Independence Blue Cross offers Medicare Advantage plans with a Medicare contract. Enrollment in Independence Medicare Advantage plans depends on contract renewal.

Independence Blue Cross offers products through its subsidiaries Independence Hospital Indemnity Plan, Keystone Health Plan East and QCC Insurance Company, and with Highmark Blue Shield — independent licensees of the Blue Cross and Blue Shield Association.