

**Capital Blue Cross (BlueCross Vision)  
with National Vision Administrators  
P.O. Box 2187  
Clifton, NJ 07015-2187**



## Re: PSECU Vision Plan Reimbursement Form

Vision Plan:  Standard Plan  Direct Reimbursement Plan

## Subscriber Information

Subscriber Name: \_\_\_\_\_

Subscriber Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*Subscriber is the individual whose name the coverage is in. This could be the employee, retiree, or a COBRA participant.*

## Claim Information

| <u>Patient Name</u> | <u>Date of Service</u> | <u>Type of Service</u> | <u>Cost</u> | <u>Provider</u> |
|---------------------|------------------------|------------------------|-------------|-----------------|
| John Doe            | 10/15/09               | Exam, Lenses           | \$187.00    | Premier Eye     |

## Signature

Date

## Attach Receipt

Mail or Fax claims as instructed below:

**Mail Claims To:**  
National Vision Administrators  
Claims Department  
P.O. Box 2187  
Clifton NJ 07015  
Toll Free Line 1-800-905-4102

Fax Claims To: Fax:  
(973) 574-2495 Attn:  
Deborah Tyler