

CLAIM INSTRUCTIONS

- Use this form to obtain reimbursement for services.
- Complete the employee section of the form.
- Sign and date the form after checking for completeness.
- Attach a copy of itemized receipts.
- Submit the form to:

NATIONAL VISION ADMINISTRATORS
PO BOX 2187
CLIFTON, NEW JERSEY 07015

If you have any questions, please contact Capital Blue Cross Vision at **800.905.4102**

On behalf of Capital Blue Cross, National Vision Administrators, LLC (NVA®) provides the network and assists in the administration of network management services for the Capital Blue Cross Vision benefits program. NVA is an independent company.

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