



TWU LOCAL 100 VISION OUT OF NETWORK CLAIM FORM

Contact the TWU Local 100 Concierge line at 855.653.0584 to confirm eligibility

Member Information

Today's Date		Date of Service	
Member's Name		BSC #	
Member's Address			
City	State	Zip Code	
Member Phone		DOB	

Patient Information

Patient Name		DOB	
Address			
City	State	Zip Code	
Phone			
GENDER	<input type="radio"/> Male	<input type="radio"/> Female	
RELATIONSHIP TO MEMBER	<input type="radio"/> Self	<input type="radio"/> Spouse / Domestic Partner	<input type="radio"/> Dependent

Provider Information

Name of Business		Phone	
Address			
City	State	Zip Code	
Store's NPI		Doctor's NPI	

Instructions for Reimbursement

Please return this form with original itemized receipt. All receipts must be submitted together at the same time even if services and materials were purchased on different dates. GVS will issue reimbursement checks to LOCAL 100 MEMBERS ONLY. No reimbursements will be issued for members who utilize in-network providers.

All Out of Network Claims must be submitted within 6 months from the Date of Service.

Mail this form to General Vision Services with original itemized receipt for optical services to:

General Vision Services
Attn: Local 100-OON Claims
520 Eighth Avenue, Suite 900
New York, NY 10018
855.653.0584

Member Signature	Date
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GVS OFFICE USE ONLY

Date Request Received	Authorization Number
Check	Date Check Issued
	Date Check Mailed