GVS | GENERAL VISION SERVICES

CLAIMS DEPARTMENT
520 8th Ave, 9th Floor
New York, NY 10018
Phone (855) 653-0584

ATU LOCAL 726 VISION OUT OF NETWORK CLAIM FORM

MEMBER INFORMATION: INCOMPLETE FORMS WILL NOT BE PROCESSED

Last Name _____ Address _____

First Name _____ City _____

Middle Name _____ State _____ Zip Code _____

Contact Phone _____ ❍ BSC # _____ ❍ Date Appointed _____

❍ D.O.B _____ ❍ Email Address _____

GENDER ❍ Male ❍ Female

MARITAL STATUS ❍ Single ❍ Domestic Partnership ❍ Married ❍ Divorced/Widowed

PATIENT INFORMATION

Patient Name _____ D.O.B. _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

GENDER ❍ Male ❍ Female

RELATIONSHIP TO MEMBER ❍ Self ❍ Spouse / Domestic Partner ❍ 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 ATU LOCAL 726 MEMBERS ONLY. No reimbursements will be issued for members who utilize in-network providers.

Mail this form to General Vision Services, with original itemized receipt for optical services:
General Vision Services
Atten: ATU Local 726 Claims
520 Eighth Avenue, Suite 900
New York, NY 10018

Member Signature _____ Date _____

GVS OFFICE USE ONLY

Date Request Received _____ Authorization Number _____

Check _____ Date Check Issued _____ Date Check Mailed _____