

# In-Network Request for Reimbursement for Vision benefits

## Process & Requirements

### Are you eligible for reimbursement?

You may be eligible for in-network reimbursement depending on these situations:

#### *Eligibility Issue*

- Your information is not loaded into the system or needs to be updated
- You temporarily lost coverage and paid out-of-pocket at a new in-network provider

#### *System Issue*

- Our Provider Portal is down
- Your provider could not verify eligibility/benefits at the time of service

#### *In-network Provider Problem*

- Your provider refuses to file the claim
- Your provider refuses to use required lab
- You purchased a designer frame

### What information do I need to submit for reimbursement?

In order to process your request for reimbursement, you must provide a paid, itemized receipt.

#### *The paid, itemized receipt must show:*

- Patient Name
- Date of Service
- Provider Name and/or location of service
- Individual Service(s)
- Fee for each service
- Service(s) paid in full/ \$0 balance
- Proof of payment

Note: Credit card/register receipts require a fully itemized receipt.

#### *Itemized services must show:*

- All services must be itemized to show individual service and fees for each service received (ex: Bifocal, Trifocal, V2200, V2781, brand of progressive, lens options, exam fee, CL fit fee, brand of contacts, individual fees for lens options, etc.)

### What situations do not qualify for reimbursement?

You will not be eligible for in-network reimbursement for if either of these scenarios applies:

- In-network reimbursement DOES NOT APPLY if you receive a discount, buy one get one (BOGO) promotion, store sale, etc. You may either take advantage of the store promotion or use your vision plan benefits, but not both.
- In-network reimbursement DOES NOT APPLY if you did not give your vision insurance information, did not give the correct vision insurance information, used other insurance first and/or gave medical insurance.

## How do I submit my itemized receipts for reimbursement?

Please **fax or mail** the paid itemized receipt and include:

- Member ID#
- Policy Holder Name
- Patient Date of Birth
- Home Address

You may also use the attached form to provide member information. The paid itemized receipt and member information can be submitted by

Faxing to:

877-410-2517

Attn: In-Network Reimbursements

or mailing to:

KelseyCare Advantage In-Network Reimbursements

6200 Northwest Parkway

San Antonio, TX 78249

### *Timeframe:*

Your reimbursement request (claim) will be processed within 30 days from the date the claim is received. Credit card and/or register receipts require a fully itemized receipt.

**Questions?** Please call our Vision Customer Service Department at (877) 574-7081 (711). We are available Monday through Friday, 7am to 10pm

Call Member Services at 713-442-2273 (TTY: 711). From October 1 through March 31, hours are 8 am to 8 pm, seven days a week. From April 1 through September 30, hours are 8 am to 8 pm, Monday through Friday. Messaging services are used on weekends, after hours, and on federal holidays. KelseyCare Advantage is an HMO with a Medicare contract. Enrollment in KelseyCare Advantage depends on contract renewal.

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**Texas Residents:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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