Out-Of-Network Claim Form

Most EyeMed Vision Care plans allow members the choice to visit an in-network or out-of-network vision care provider.
You only need to complete this form if you are visiting a provider that is not a participating prpaticlcBEEm isYou and Inf

Member/Guardian/Patient Signature (not a minor) Date:_

To Fax: To Email Form and Receipts: