CONTROL #: 8600

GVS
GENERAL VISION SERVICES

EXECUTIVE OFFICE:
520 8th Avenue, 9th Floor, New York, NY 10018
(212) 729-5300 • Fax: (212) 720-5383

REIMBURSEMENT FORM

Account # 8600 Account Name: PPSTA

ISSUED TO: _____ DATE ISSUED: _____ [Expires in 30 Days]

Street Address _____

City & State: _____ Zip Code: _____

PART 1: PATIENT INFORMATION

Member's Name _____ Social Security # _____

Street Address _____

City & State: _____ Zip Code: _____

Telephone _____ (Home) _____ (Work)

Patient's Name: _____ ☐ Male ☐ Female

Social Security # _____ Patient's DOB _____

Relationship to Patient ☐ Member ☐ Spouse ☐ Child

PART 2: AUTHORIZED SIGNATURES (18 years old and older)

Patient's Signature _____

Member's Signature _____

FOR INTERNAL GVS USE:

Date Request Received: _____ Authorization Number _____

Date Check Issued: _____ Check Number: _____

Date Check Mailed: _____

PLEASE FOLLOW THESE INSTRUCTIONS FOR REIMBURSEMENT:

1. Confirm information in Part 1 is correct. To make changes please call 1-800-VISION-1 (1-800-847-4661).
2. Sign Part 2 where indicated.
3. Return this form to General Vision Services, 520 8th Ave, 9th Floor, New York, NY 10018, Attn: Marketing Reimbursement with an itemized receipt for optical services. General Vision Service will issue reimbursement checks to the MEMBERS NAME unless otherwise requested.

(COMPLETE AND RETURN TO GVS WITH RECEIPT)

Labor Donated

WHITE- ORIGINAL CANARY- BILLING PINK- ACCOUNTING