OUT OF NETWORK DIRECTIONS

Here is what you need to get started:

* After you pay for services, obtain a copy of an itemized receipt from your provider

You have two options to submit an out-of-network claim:

Option 1:  Submit your out-of-network claim electronically via our [online submission form](https://memberforms.uhc.com/vision-reimbursement.html)
Option 2:  Fill out the out-of-network claim form below and mail or fax it to:

UnitedHealthcare Vision Claims Department
PO Box 30978
Salt Lake City, UT 84130
Fax: 248-733-6060

Please note: Receipts must be submitted together at the same time for services and materials purchased

(even if purchased on different dates) to receive reimbursement. You will receive a one-time reimbursement

based on your reimbursement schedule and service frequency in your vision care plan.

Having difficulty? Call 800.638.3120