MEDAVIE BLUE CROSS™

644 MAIN ST PO BOX 220 MONCTON NB E1C 8L3
INQUIRIES: 1-800-667-4511

HEALTHY SMILES, CLEAR VISION
FOUR YEAR OLD VISION BENEFIT
VISION CLAIM FORM

PLEASE ATTACH ORIGINAL PAID-IN-FULL RECEIPTS AND EXPLANATION OF BENEFITS (EOB) FROM ANY OTHER INSURANCE CARRIERS FOR ALL SERVICES RENDERED.

CHILD'S INFORMATION

ID Number: _____ Policy Number: _____ Date of Birth (DD/MM/YYYY) _____

Last Name: _____ First Name: _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Daytime Telephone Number: _____

OTHER COVERAGE

Does any of your dependants have vision coverage under any other plan?

❑ **No** If applicable, please provide the Termination Date (dd/mm/yyyy): _____

❑ **Yes** **Complete the following:** Name of other Insurer: _____

Policyholder Name: _____ ID Number: _____

Type of policy (✓): ❑ **Individual** ❑ **Group** Effective Date: _____ Policy Number: _____

DETAILS OF REQUEST- To be completed by Provider

Provider Name: _____ Provider No.: _____ Telephone: _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Patient Name: _____ Date of Birth (DD/MM/YYYY): _____

Service Details	Code	Fee
Eye Exam (Optometrist Only)	A00001	
Dispensing Single Vision Lenses	B00081	
Dispensing Bifocal Lenses	B00082	
Dispensing Frame	B00090	
Materials Frame and Case	D00041	
Materials Lenses	D00046	
	TOTAL	

Details of this prescription

	SPHERE	CYLND.	AXIS	PRISM	BASE
RIGHT					
LEFT					

ADD		
	R	
	L	

Bifocal Type ❑ Round ❑ ST

Type of Right Lens:

❑ Single ❑ Bifocal
❑ Multifocal ❑ Progressive
❑ Spherical ❑ Compound
❑ Hi Index ❑ Polycarbonate
❑ Aspheric ❑ Slaboff

Type of Left Lens:

❑ Single ❑ Bifocal
❑ Multifocal ❑ Progressive
❑ Spherical ❑ Compound
❑ Hi Index ❑ Polycarbonate
❑ Aspheric ❑ Slaboff

The health care provider agrees that any person authorized by Medavie Blue Cross may have access to, take extracts from and make copies of any records respecting the provision of services provided to a participant and the cost of those services.

Signature of Provider: **X** _____ Date: _____

MEMBER STATEMENT

I understand that the personal information provided herein, as well as any other personal information currently held or collected in the future by Medavie Blue Cross and/or Blue Cross Life Insurance Company of Canada, may be collected, used, or disclosed to administer the terms of my policy or the group policy of which I am an eligible member, to recommend suitable products and services to me, and to manage Blue Cross's business. Depending on the type of coverage I carry, limited personal information may be collected from and/or released to a third party. These third parties include other Blue Cross organizations, health care professionals or institutions, life and health insurers, government and regulatory authorities, the subscriber of any policy under which I am a participant and other third parties when required to administer and manage the benefits outlined in the policy of which I am an eligible member.

I understand that my personal information will be kept confidential and secure. I understand that I may revoke my consent at any time, however, in some instances doing so may prevent Blue Cross from providing me with the requested coverage or benefits. I understand why my personal information is needed and I am aware of the risks and benefits of consenting or refusing to consent to its disclosure.

I authorize Medavie Blue Cross to collect, use and disclose my personal information as described above.

MEMBER SIGNATURE: _____ Date: _____

This consent complies with federal and provincial privacy laws. For additional information regarding privacy policies at Medavie Blue Cross, visit medaviebc.ca or call 1-800-667-4511.

Healthy Smiles, Clear Vision **is administered by Medavie Blue Cross on behalf of the Government of New Brunswick.**