



Mail or Fax to:  
P.O. Box 30196  
Salt Lake City, UT 84130-0196  
Fax: 801-442-6580  
[selecthealthadvantage.org](http://selecthealthadvantage.org)

## Claim Reimbursement Form For Eyewear After Cataract Surgery

### A. MEMBER INFORMATION

Name \_\_\_\_\_

Member ID# (found on your SelectHealth Advantage ID Card) \_\_\_\_\_

Ph# (\_\_\_\_\_) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

### B. OTHER INSURANCE INFORMATION

Does the member have other insurance besides SelectHealth Advantage?  Yes  No

If yes, please complete the following:

Insurance Company \_\_\_\_\_

Is this the member's primary insurance?  Yes  No

Other Insurance Company Policy ID# \_\_\_\_\_

Policyholder's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(MM/DD/YY)

Policyholder's Relationship to Member \_\_\_\_\_

### C. CLAIM INFORMATION

This claim reimbursement is for  Lens(es)  Contacts  Frames

Date of Cataract Surgery for Right Eye \_\_\_\_\_  
(MM/DD/YY)

Date of Cataract Surgery for Left Eye \_\_\_\_\_  
(MM/DD/YY)

Single Vision  Bifocal  Trifocal

### D. RECEIPT AND DOCUMENTATION

Include the purchase receipt, a copy of the prescription, and a list of the services performed or items purchased (if not included on the purchase receipt) with this form. You can also include this information with your mail or fax submission.

## Eyewear Claim Reimbursement Form Instructions

To ensure that your benefits are administered correctly and without delay, complete all of the information on this form. Attach a copy of the purchase receipt, a copy of the prescription, and a list of the services performed or items purchased (if not included on the purchase receipt). If you are submitting multiple receipts, one reimbursement form is required for each receipt. Submit claims to the address below:

**SelectHealth**  
**P.O. Box 30196**  
**Salt Lake City, UT 84130-0196**

Claims submitted without the proper identification numbers may be delayed or returned for additional information. If you have questions, contact Member Services toll-free at **855-442-9900** during the following dates and times:

- **October 1 to February 14:** Weekdays 7:00 a.m. to 8:00 p.m., Saturday and Sunday 8:00 a.m. to 8:00 p.m.
- **February 15 to September 30:** Weekdays 7:00 a.m. to 8:00 p.m., Saturday 9:00 a.m. to 2:00 p.m., closed Sunday.

Outside of these hours of operation, please leave a message. Your call will be returned within one business day. TTY users should call 800-346-4128 (in Utah), 800-377-3529 (in Idaho), or 711.

## Important Information

- SelectHealth is an HMO plan sponsor with a Medicare contract. Enrollment in SelectHealth Advantage depends on contract renewal.
- SelectHealth complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.
- ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-442-9900 (TTY: 711).
- 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-855-442-9900（TTY：711）。