Group Vision Claim Office
P.O. Box 14389
Baton Rouge, LA 70898-9100
Phone: (888) 400-9304 or (225) 400-9304
www.unum.com

Vision Claim Form

Return completed form via fax **(855) 400-9307**, email **VisionClaims@Unum.com**, or mail to the address above.

The following information is required with your DETAILED RECEIPT for reimbursement:

Subscriber Information			Patient Information		
1. Subscriber social security number or member ID number:			9. Patient relationship to Subscriber: ☐ Self ☐ Spouse ☐ Child ☐ Other		
2. Subscriber name (Last name, First name, MI):			10. Patient name (Last name, First name, MI):		
3. Subscriber's address:			11. Patient's address:		
City:	State:	Zip code:	City:	State:	Zip code:
4. Subscriber birth date: ____ / ____ / ____ MM DD YY	5. Subscriber gender: ☐ Male ☐ Female		12. Patient birth date: ____ / ____ / ____ MM DD YY	13. Patient gender: ☐ Male ☐ Female	
6. Email address:	7. Telephone: (_____) _____		14. Email address:	15. Telephone: (_____) _____	
8. Subscriber policy/Group number:			16. Patient status: ☐ Single ☐ Married ☐ Other ☐ Employed ☐ Full-time student ☐ Part-time student		
			17. Is patient covered under a medical plan? ☐ Yes ☐ No Is patient covered under another vision plan? ☐ Yes ☐ No		

Attach copy of receipt and supporting documentation.

Date of Service (MM/DD/YY)	Procedure Code	Diagnosis Code(s)	Amount Billed	Amount Paid
1. ____ / ____ / ____			$____ . ____	$____ . ____
2. ____ / ____ / ____			$____ . ____	$____ . ____
3. ____ / ____ / ____			$____ . ____	$____ . ____
4. ____ / ____ / ____			$____ . ____	$____ . ____
5. ____ / ____ / ____			$____ . ____	$____ . ____

Provider Information			
Provider federal tax ID or NP ID:	Eye care professional name:		
Facility name:	Facility address:		
City:	State:	Zip:	Telephone: (_____) _____

Patient's or authorized person's signature:
I authorize the release of any medical or other information necessary to process this claim.

Signature: _____ Print name: _____ Date: _____

NOTE: Missing or inaccurate information on claim forms will cause delays in claim processing.

© 2017 Unum Group. All rights reserved. Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries. Starmount Life Insurance Company is the insurer of this policy and a member of the Unum Group family of licensed insurers.