



BLOCK VISION OF TEXAS, INC

NON-PARTICIPATING PROVIDER REIMBURSEMENT PROCEDURE

IF YOU ARE IN AN AREA THAT DOES NOT HAVE A PARTICIPATING PROVIDER OR YOU CHOOSE NOT TO USE A PARTICIPATING PROVIDER, PLEASE FOLLOW THE PROCEDURE OUTLINED BELOW:

1. Select a provider and pay provider for services.
2. Attach an itemized statement or receipt to this form.
3. Complete the following information:

Employee Name _____

Employee SSN _____

Home Address _____

Patient Name _____

Patient SSN _____

Block Vision of
Texas ID # _____

Employer _____

4. Mail this form and your statement/receipt to:

Please retain copy for your records

Block Vision
P.O. Box 14035
Milwaukee, WI 53214-0035

For any questions, please call Customer Service at **(866) 265-0517**.