

Arizona Pipe Trades Health & Welfare Fund

Active Employees Vision Reimbursement Claim Form

P.O. Box 4660
Troy, MI 48099-4660
Phone: (877) 429-7473 Option 3 Fax: (248) 556-2597

- ✓ **What is reimbursable? Vision charges**
- ✓ **Who is eligible? Active Employees and their eligible dependents**

- Please submit the itemized bill or receipt for vision charges (must include a description of the expenses, dates of service and procedure codes).
- **Active Vision Coverage** - Vision care expenses are payable at 80% up to a maximum of \$500.00 per person per calendar year effective 9/1/19.
- **Active Employees Only** – Prescription Safety Glasses/Goggles expenses are payable at 80% up to a maximum of \$200 every 24 months.
- This Vision reimbursement is not available for a non-COBRA Active Employee that has elected to continue eligibility for himself or herself and his/her eligible Dependents on a self-payment basis.

Member's Name: _____

Member's DOB: _____ Alt ID or Last 4 SSN: _____

Address: _____

Phone Number: (Home) _____ (Work) _____ (Cell) _____

Patient Name: _____ Patient's DOB: _____

Provider's Name: _____ Tax Id: _____

Provider's Address: _____

Provider's Phone #: _____

Benefit Description: (*circle one*) **Active Vision** **Active Safety Glasses/Goggles**

Date of Service	Provider	Billed Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Member's Signature: _____ Date: _____