

## **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

Mail this form and your statement/receipt to: Please retain copy for your records 4.

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

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