

Lasik Reimbursement Member Claim Form



Most CDPHP® plan members are eligible for a reimbursement of up to \$750 for Lasik eye surgery. You may request reimbursement for surgery-associated costs, including pre- and post-surgery consultations.*

Once your course of treatment is complete, submit one claim form for all related services, along with the following items:

- ▶ **Itemized bills indicating patient's name, date of service, the type of service rendered, the nature of the condition being treated, and the charges**
- ▶ **Proof of payment**

Member Name: _____

Member ID: _____

Date of Birth: _____

Date of Service	Description of Service	Place of Service	Procedure Code	Provider Name	Provider Tax ID	Provider NPI	Amount
			S0800				
			S0800				
			S0800				
			S0800				
			S0800				
TOTAL:							

Submit completed forms and documentation to:
CDPHP
P.O. Box 66602
Albany, NY 12206-6602

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for such violation.

Signature _____

Date Signed _____

* Reimbursement is available once per member, per lifetime. Refer to your member contract for complete benefit details.

Discrimination is Against the Law

Capital District Physicians' Health Plan, Inc. (CDPHP®) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Multi-language Interpreter Services

ATENCIÓN: Si habla otro idioma que no es el inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura en su tarjeta de identificación de miembro (TTY: 711).

注意：如果您使用的語言不是英語，您可以免費獲得語言援助服務。請致電您會員ID卡上的電話（聽力障礙電傳：711）。