



## HOW TO FILE YOUR VISION SERVICE PLAN CLAIM

VSP contracts with many eye care providers to deliver services. We call them "Panel Providers." A directory of vision plan providers is available online at [www.messa.org](http://www.messa.org).

Going to a  
**Panel Provider**  
is easy and  
economical

- There is NO paperwork on your part.
- You pay only for your VSP plan deductible, if any, and any items you may select that are not covered by your plan. These include such things as the extra cost of progressive lenses, the cost of frames that exceed the plan allowance, lens faceting and lens scratch resistant coating. Refer to your plan booklet for a complete description of these exclusions.

Using a  
**Panel Provider**  
for both exam  
and  
corrective lenses

- Call to make an appointment with a Panel Provider.\*
- It is very important that you tell the Panel Provider that you have MESSA VSP.
- Supply the Panel Provider with the MESSA VSP member's Social Security number.
- The Panel Provider will call VSP to confirm your eligibility for benefits.
- The Panel Provider will bill VSP and is paid directly by them.

Using a  
**Non-Panel Provider**  
for exam and a  
**Panel Provider**  
for corrective lenses

If you go to a Non-Panel Provider for an exam and then take the prescription to a Panel Provider for your corrective lenses, here's what you do:

- To obtain reimbursement for your Non-Panel Provider's bill, see the reverse side.
- Before you take your prescription in to be filled, you need to contact the Panel Provider. This gives the Panel Provider time to confirm your eligibility for benefits with VSP.
- The panel Provider will bill VSP and is paid directly by them.

Using a  
**Non-Panel Provider**  
for both exam and  
corrective lenses

You may complete the form on the reverse side yourself, or have the Non-Panel Provider complete it when you obtain services. This will assure speedy payment to you.

- Obtain fully itemized receipts listing all the information shown on the form (see reverse side).
- VSP reimburses you according to the payment schedule of your plan. See your plan booklet or plan brochure for the appropriate schedule.

\*This procedure applies only to Michigan Panel Providers. To obtain services from an out-of-state Panel Provider, call VSP to ask for a Benefit Form. You will then receive a Benefit Form along with a list of Panel Providers in your area. Make an appointment with the provider of your choice and take the Benefit Form with you.

# Complete this form and attach receipts for Non-Panel Provider reimbursement

Member's name \_\_\_\_\_


Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Member's Social Security number \_\_\_\_\_ School district \_\_\_\_\_

Patient's name and relationship to member \_\_\_\_\_

Patient's birth date \_\_\_\_\_



**Your provider's receipt must provide a breakdown of charges (exam, lenses, frames and additional materials).  
If it does not, complete this section to show the breakdown. A "total" figure does not provide adequate information for payment by VSP.**

<b>Date of service for:</b> exam _____ lenses _____ frames _____ contacts _____	Cost of exam \$ _____  Vision exam performed by an: <small>Please check appropriate box:</small> <input type="checkbox"/> Optometrist (OD) <input type="checkbox"/> Ophthalmologist (MD)
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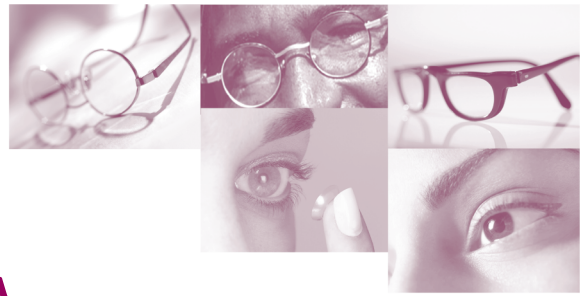
<b>Type of lens:</b> contacts <input type="checkbox"/> single vision <input type="checkbox"/> bi-focal <input type="checkbox"/> tri-focal <input type="checkbox"/> lenticular <input type="checkbox"/> other (specify) <input type="checkbox"/> _____	Cost of contacts \$ _____ Cost of lens \$ _____ Cost of lens \$ _____ Cost of lens \$ _____ Cost of lens \$ _____ Cost of lens \$ _____
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**Frame:** \_\_\_\_\_ Cost of frame \$ \_\_\_\_\_

<b>Additional materials and charges:</b> <input type="checkbox"/> tint <input type="checkbox"/> Polaroid lens <input type="checkbox"/> Other (specify) _____	Cost of tint \$ _____ Cost of Polaroid \$ _____ Cost \$ _____
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Mail completed form and receipts to:

**VISION SERVICE PLAN**  
 P.O. Box 997105  
 Sacramento, CA 95899-7105  
 Call toll-free 800.877.7195



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