

**DIRECT REIMBURSEMENT CLAIM FORM****MEMBER INFORMATION**

**MEMBER ID #:** \_\_\_\_\_ **MAILING ADDRESS:** \_\_\_\_\_

**GROUP #:** \_\_\_\_\_ **CITY:** \_\_\_\_\_

**MEMBER NAME:** \_\_\_\_\_ **STATE:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**PATIENT INFORMATION**

**RELATIONSHIP TO MEMBER:** \_\_\_\_\_ **MAILING ADDRESS:** \_\_\_\_\_

*Self*      *Spouse*      *Child*      *Other*      **CITY:** \_\_\_\_\_

**PATIENT NAME:** \_\_\_\_\_ **STATE:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**PURCHASE INFORMATION**

**PROVIDER:** FramesDirect.com **ORDER #:** \_\_\_\_\_

**ADDRESS:** 501 E. Corporate Drive **PURCHASE DATE:** \_\_\_\_\_

**CITY:** Lewisville **ITEM(S) PURCHASED:** \_\_\_\_\_

**STATE:** TX **FRAMES AMOUNT:** \_\_\_\_\_

**ZIP:** 75057 **LENS AMOUNT:** \_\_\_\_\_

**PHONE:** (800) 248-9427 **CONTACT LENS AMOUNT:** \_\_\_\_\_

**LENS TYPE (IF APPLICABLE):**

*Single Vision*      *Progressive*      *Bifocal*      *Other*

**MEMBER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_