



Central States Health & Life Co. of Omaha
 Dental, Vision, and Hearing Claims
 PO Box 10816
 Clearwater, FL 33757-8816

Office: 1-833-522-4874 (toll-free)
 Online: www.CSODVH.com

Hearing or Vision Itemized Receipt Claim Form

Important Information:

- Use this form to request reimbursement for services received from providers who are unable to supply a standardized claim form (i.e. CMS/HCFA-1500, UB-04, etc) for the service(s) rendered, with a fully itemized receipt.
- Mail the completed claim form with the fully itemized receipt, and any other supporting documentation you feel is pertinent (i.e. prescription, etc), to the address above.
- Complete this form to the best of your ability. Please read and sign the insured's authorization. An incomplete form or missing documentation may result in the need for additional information and/or processing delays.
- Please complete a separate claim form for each patient.
- **WARNING:** Any person who knowingly files a statement of claim containing false, incomplete or misleading information may be subject to criminal and civil penalties.

Insured Name: _____ Policy #: _____ Date of Birth: _____

Complete Address: _____

Phone: _____ Alternate Phone: _____ Gender: _____

Patient Name: _____ Relation to insured: insured spouse dependent

Dependent Date of Birth: _____ Dependent Gender: _____ Dependent Marital Status: _____

Provider Name: _____ Location Type: online store office

Provider Address: _____ NPI#: _____

Phone: _____ TIN or EIN: _____ License #: _____

Prescribing Physician: _____ Date of Exam: _____

Please check all applicable boxes for services shown on the itemized receipt submitted with this claim form

Hearing Services:

- Hearing Examination
- Hearing Aid(s)
- Hearing Aid Repair

Vision Services:

- Comprehensive Eye Examination
- Corrective spectacle lens(es)
- Frame(s)
- Contact Lens(es)
- Corrective spectacle lens fitting
- Follow-up visit

I certify that the information on this form is correct and authorize the Provider to release appropriate information necessary to process this claim. Additionally, I have read and understand the fraud statements provided on this form.

Insured's Signature: _____

Date Signed: _____

Print Insured's Name: _____

Fraud Warnings Per State

Alabama, Arkansas, New Mexico, Minnesota, New Jersey, North Carolina, Rhode Island and West Virginia Residents:

“Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to fines or confinement in prison, or any combination thereof.”

Arizona Residents: “For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.”

California Residents: “For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.”

Colorado Residents: “It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.”

Delaware, Indiana and Oklahoma Residents: “WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.”

District of Columbia Residents: “WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.”

Florida Residents: “Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.”

Kentucky and Ohio Residents: “Any person who knowingly and with intent to defraud any insurance company or other person files a 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.”

Maine, Tennessee, Virginia and Washington Residents: “It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.”

New Hampshire Residents: “Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.”

Oregon Residents: “**Notice for your protection, Oregon law requires that you be informed that presenting a fraudulent claim for a health care payment for health care services that you did not use or that were not provided to you is a crime punishable by fines or imprisonment, or both.**”

Puerto Rico Residents: “Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.”

Pennsylvania and all other states or US Territories Residents: “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 subjects such person to criminal and civil penalties.”

New York Residents: “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 also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.”