



How to file a Vision claim

Purchases and vision exams made at a retail store:

Most vision care (exams, eyeglasses, frames, lenses, and contacts) are purchased at retail locations, such as Pearl, EyeMed, Lenscrafters, Costco, Walmart and independent retailers. Most of these locations require you to pay at the cash register, requiring you to file the claim yourself.

Claim filing:

Obtain a Vision Claim Submittal Form at www.simple.us. Print and complete the form (please write clearly), attach the vision care receipt, showing the items purchased (a credit card receipt or cash receipt may not provide the detail), and submit both to Simple.

Simple will send payment to you.

Your vision care provider files the claim for you.

Many ophthalmologists and optometrists will file the claim on your behalf. Many may ask that you pay your share of the cost at the time of the visit. Show your plan ID card to your vision care provider. If you don't have a vision card, you can print a verification of benefits by registering at www.simple.us. Or have your vision care provider call Simple at 800-270-4158 to verify vision coverage and plan details.

All claims should be submitted to Simple:

By Mail: Simple
Claim Processing Office
2810 Premiere Pkwy, Ste. 40C
Duluth, GA 30097

By Fax: 1-888-308-6009



Dental Claim Form – NON AOB

Employer _____

Group # _____

Employee _____

Social Security No ____-____-____ Member ID _____ Birth Date _____

Address _____

City _____ State _____ Zip _____

Phone No _____ E-mail _____

Has your address changed since your last claim? Yes No

Patient Name _____

Relationship to Employee: _____ Birth Date: _____

Dentist _____

Phone No. _____

Address _____

City _____ State _____ Zip _____

Was treatment a result of an accident? Yes No

Was treatment for cosmetic care? Yes No

Please attach a copy of the original, itemized bill. The claim will not be processed without it.

Under penalty of law, I agree to the following:

This claim occurred while the patient was covered by this plan. The attached bill is an original, unaltered bill.

Employee Signature _____ Date _____

FOR FASTEST SERVICE PLEASE HAVE YOUR PROVIDER SUBMIT CLAIM ELECTRONICALLY TO PAYER ID #41101. YOU MAY ALSO FAX, EMAIL, OR MAIL THIS FORM AND SUPPORTING DOCUMENTATION TO:

Fax to: 1-888-308-6009

Or scan and e-mail to: claims@simple.us

Or mail to: Simple, 2810 Premiere Pkwy, Ste 400, Duluth, GA 30097

Customer Service: 800-270-4158

REMEMBER TO INCLUDE A COPY OF THE ORIGINAL, ITEMIZED BILL.

Keep a copy for your records.

