

Delaware Valley



Vision Reimbursement Benefit Requests

Members can use the Aetna Vision Benefits Request Form to submit vision reimbursement requests. By filling out the Vision Benefits Request Form, Aetna will be able to track and fully identify the plan member when the request is received in the reimbursement processing center.

Please attach a complete itemization of the charges if you receive a separate bill from the provider in addition to filling out the physician/supplier section. If you are mailing your vision claim, please be sure to keep a copy for your records.

To obtain a copy of the Vision Benefits Request Form & instructions on how to complete the form:

- ◆ Go to www.aetna.com
- ◆ Click on "Get a Form"
- ◆ Click on "Vision Claim Form" under Forms

or

- ◆ Go to www.dvit.com Click on the "Health Trust" logo (on the right)
- ◆ Click on "Health Forms" (on the left)
- ◆ Click on "Vision Benefits Claim Form" under Aetna Forms.

or

- ◆ Go to http://www.aetna.com/data/forms_library/GC-10.pdf

Vision Reimbursement Benefit Requests can be mailed or faxed to:

Aetna, Inc.

PO Box 981106

El Paso, TX 79998-1106

Fax: 859-455-8650

Please allow 4 to 6 weeks for processing