



CONED RETIREES

Vision Care Claim Form

CPSOPTICAL

GROUP MUST BE CHECKED:

- UNION RETIREE
- MANAGEMENT RETIREE

VOUCHER NUMBER: _____
(DOCTOR FILL IN)

CALL THE C.P.S. ELIGIBILITY SYSTEM AT:
(212) 675-6110
or logon to:
www.CPSOPTICAL.com

Member's Name: _____
5 Digit CE Employee ID (or Insured's SSN): _____
Member's Date of Birth: _____
Patient's Name: _____
Patient's Date of Birth: _____
Relationship: Member Spouse Dependent
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

TO BE COMPLETED BY OPTICAL PROVIDER:	
OPTICAL PROVIDER (PLEASE PRINT)	
MAILING ADDRESS	
CITY, STATE, ZIP	PHONE NO.

	RX REQUIRED (NEW RX)				
	SPH	CYL	AXIS	ADD	PRISM
R					
L					

	If RX changed after 12 months, provider must add the previous RX below.				
	SPH	CYL	AXIS	ADD	PRISM
R					
L					

SERVICES RECEIVED	UNION ALLOWANCE
Examination	
Single Vision	
Bifocal	
Trifocal	
Progressive	
Frame	
Contact Lenses	
TOTAL CHARGES TO THE FUND	

CHECK BOX	PATIENT SURCHARGES	FIXED SURCHARGE
<input type="checkbox"/>	Polycarbonate Single Vision: Max. Surcharge = \$25	
<input type="checkbox"/>	Polycarbonate Multifocal: Max. Surcharge = \$30	
<input type="checkbox"/>	Plastic Photosensitive SV: Max. Surcharge = \$60	
<input type="checkbox"/>	Plastic Photosensitive Multifocal: Max. Surcharge = \$65	
<input type="checkbox"/>	Standard AR Coating: Max. Surcharge = \$35	
<input type="checkbox"/>	Polarized Single Vision: Max. Surcharge = \$70	
<input type="checkbox"/>	Polarized Multifocal: Max. Surcharge = \$75	
<input type="checkbox"/>	Varilux Comfort 2 Progressive: Max. Surcharge = \$90	
<input type="checkbox"/>	Hi-Index Single Vision 1.60 index: Max. Surcharge = \$50	
<input type="checkbox"/>	Hi-Index Multifocal 1.60 index: Max. Surcharge = \$55	
<input type="checkbox"/>	Other (List Service)	
TOTAL SURCHARGES TO THE PATIENT:		

If patient is under age of 18, parent please sign.

X _____
Signature of Patient or Parent Date of Service