VISION CARE BENEFIT CLAIM

HAWAII LABORERS' HEALTH AND WELFARE TRUST FUND

PACIFIC ADMINISTRATORS, INC.
1440 Kapiolani Blvd., Suite 800 - Honolulu, Hawaii 96814
Phone: Oahu - (808) 441-8600; Neighbor Islands Dial Direct 1 (888) 520-8078; FAX - (808) 441-8750

NOTE: Sign and return the completed form to the address above. Members are required to pay non-participating providers & suppliers in full. The Fund will then reimburse the member for the allowed amounts.

Part I - THIS SECTION IS FOR MEMBER INFORMATION ONLY - PLEASE PRINT

LAST NAME | FIRST | MIDDLE | SOCIAL SECURITY NO. ___ ___

STREET ADDRESS or P.O. BOX

CITY | STATE | ZIPCODE

PATIENT INFORMATION

PATIENT NAME | RELATIONSHIP | BIRTHDATE OF PATIENT / /

I CERTIFY THAT THE INFORMATION CONTAINED HEREON IS TRUE AND CORRECT.

MEMBER'S SIGNATURE _____ DATE SIGNED / /20

FOR OFFICE USE ONLY

M.D. _____
O.D. _____
S V GLASSES _____
BIFOCALS _____
TRIFOCALS _____
CONTACTS _____
LENSES ONLY _____
FRAMES ONLY _____
TOTAL $ _____

TOTAL PAID $ _____
CHECK NO. _____

ELIGIBLE / INELIGIBLE — DETERMINED BY:

Part II - TO BE COMPLETED BY DOCTOR - ALSO COMPLETE PART III IF SUPPLIES DISPENSED BY YOU.

NAME OF PATIENT _____
LAST | FIRST | MIDDLE

DATE OF SERVICE	CHARGES Excluding Tax	
/ /20		

PROVIDER TAX NO. _____

PLEASE PRINT _____
DOCTOR'S NAME | DEGREE | STREET ADDRESS

_____
DOCTOR'S SIGNATURE | DATE SIGNED | CITY-STATE | PHONE NO.

Part III - TO BE COMPLETED BY SUPPLIER OF LENSES OR FRAMES.

NAME OF PATIENT _____
LAST | FIRST | MIDDLE

PLEASE INDICATE SERVICES RENDERED:

☐ LENSES AND FRAME ☐ TRIFOCAL LENSES ☐ LENSES ONLY
☐ BIFOCAL LENSES ☐ CONTACTS ☐ FRAMES ONLY
☐ OTHER _____

DATE OF SERVICE	CHARGES Excluding Tax	
/ /20		
/ /20		
/ /20		
/ /20		

PLEASE NOTE: COVERAGE DOES NOT INCLUDE SUNGLASSES OR REPLACEMENT FOR BROKEN GLASSES.

PROVIDER TAX NO. _____

PLEASE PRINT _____
NAME OF SUPPLIER | PHONE NO. | STREET ADDRESS

_____
AUTHORIZED SIGNATURE OF SUPPLIER | DATE SIGNED / /20 | CITY-STATE ZIPCODE

CLAIMS MUST BE FILED WITHIN ONE (1) YEAR FROM THE DATE OF SERVICE
RETURN TO ADMINISTRATIVE OFFICE

REV. 01/15