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

HAWAII LABORERS' SELF-INSURED PLAN MEMBERS ONLY

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	ZIP CODE

PATIENT INFORMATION

PATIENT NAME	RELATIONSHIP	BIRTHDATE OF PATIENT
		/ /

I CERTIFY THAT THE INFORMATION CONTAINED HERE ON 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 - VISION EXAM TO BE COMPLETED BY DOCTOR - (1) EXAM EVERY 12 MONTHS.

DATE OF SERVICE	CHARGES Excluding Tax
/ /20	

NAME OF PATIENT _____
LAST FIRST MIDDLE

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 - (1) PAIR OF LENSES & FRAMES OR (1) PAIR OF CONTACTS EVERY 24 MONTHS.

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

NAME OF PATIENT _____
LAST FIRST MIDDLE

PLEASE INDICATE SERVICES RENDERED:

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

PLEASE NOTE: ELIGIBILITY IS SUBJECT TO CHANGE BASED ON PATIENT'S HISTORY OF LAST SUPPLIES.

PROVIDER TAX NO. _____

PLEASE PRINT _____
DOCTOR'S NAME DEGREE STREET ADDRESS

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

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CLAIMS MUST BE FILED WITHIN (1) YEAR FROM THE DATE OF SERVICE

REV. 08/21

RETURN TO ADMISTRATIIVE OFFICE