

2023 Eyewear Reimbursement Form

An Extra Benefit beyond Original Medicare



MARTIN'S POINT
MEDICARE ADVANTAGE PLANS
GENERATIONS ADVANTAGE

Important:

- » Before filling out this form, please read instructions below. **Incomplete information may result in a delay or denial of your claim.** If your claim is denied due to incomplete information, you will need to resubmit your reimbursement request.
- » You may submit more than one purchased item or service on a form. Please provide receipts for each item requesting reimbursement. You may submit for reimbursement immediately after your purchase, you do not need to wait until the end of the year.
- » We will need to see **WHAT** you purchased, **HOW MUCH** it cost, and **HOW YOU PAID** for it. Provide **COPIES** of documents only, please keep your originals.
- » If you are not sure if your purchase is eligible for reimbursement, please call Martin's Point Generations Advantage Member Services at 1-866-544-7504.
- » Submission of a reimbursement request is not a guarantee of coverage. A final determination is made at the time of claim processing.
- » Notification of approval or denial of your request for reimbursement under the eyewear extra benefit will appear on your Explanation of Benefits (EOB) document which will be mailed to you.

Please visit MartinsPoint.org/MemberResources or call Member Services for additional details.

Instructions

NOTE: To be eligible for reimbursement, the date of service or purchase must be within your period of enrollment in a Generations Advantage plan in 2023 and you must submit your claim by March 31, 2024. Please note: We will reimburse in full (up to the 2023 eyewear reimbursement limit).

Please print this two-sided form and fill in all fields on the reverse side of the form. Be sure to sign the form. Incomplete information may result in a delay or denial of your claim. If denied due to incomplete information, you will need to resubmit your reimbursement request.

- 1. Provide copies only of itemized receipt and proof of payment** (e.g., bank or credit card statement/receipt, etc.). Do NOT send originals, please.
- 2. Upon completion return to:**
Martin's Point Generations Advantage Claims Department
PO Box 11410
Portland, ME 04104-9863

If request is complete and item is eligible for reimbursement, you should receive a check within four to six weeks.

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(Please print.)

A Member Name: _____ Member Date of Birth: _____

Member Signature: _____ Plan Member ID #: _____

B Please check which eyewear purchase(s) you wish to be reimbursed for in 2023. (***Note: plan members cannot use the eyewear reimbursement extra benefit for post-cataract eyewear purchases. Use the Medical Reimbursement Form for your separate allowance.**)

COPIES of itemized receipt and proof of purchase required for each item/service.

*Please note some items and services have restrictions.

	Date of Service	Amount Paid**
Prescription Lenses		
Frames		
Contact Lenses		
Total Amount:		

Please visit MartinsPoint.org/MemberResources or call Member Services for details.

**We reimburse up to annual amount for item/service, taxes, fees, and shipping/delivery.