

# USING OUT-OF-NETWORK PROVIDERS

VSP allows our members to obtain eye care services from out-of-network providers.

Reimbursement for services is according to a reimbursement schedule with the same copayments and limitations as services through VSP doctors. However, VSP cannot guarantee satisfaction or extend the additional discount towards materials or any options that the member may choose.

When members obtain services and/or materials from out-of-network provider, they follow the two steps below:

1. **Members pay the out-of-network provider the full amount of the bill and request an itemized copy of the bill.**

The bill needs to separately show the charges for the eye exam and materials, including lens type.

2. **Members send a copy of the itemized bill(s) to VSP at:**

VSP  
P.O. Box 997105  
Sacramento, CA 95899-7105

They should include the following information with the bill:

- The name, address and phone number of the out-of-network provider
- The covered member's Social Security number or member identification number
- The covered member's name, phone number and address
- The name of the group
- The patient's name, date of birth, phone number and address
- The patient's relationship to the covered member (such as "self," "spouse," "child," "student," etc.)

Members may submit the above information on a HCFA-1500 form or any generic insurance claim form. These forms may be available from an out-of-network provider upon request. Please note that claims for reimbursement must be filed within six months of the date of service. Members will be reimbursed according to the reimbursement schedule.