

Please Forward Claims To:

MEDICAL EYE SERVICES (MES)
P.O. Box 25208, Santa Ana, CA 92799-5208
(800) 877-6372 (714) 619-4660



Blue Shield of California
Life & Health Insurance Company
An Independent Licensee of the Blue Shield Association

CSU Vision Plan is administered by Medical Eye Services (MES)

(PLEASE CHECK ONLY ONE BOX)

Claims Submitted For: **EXAM ONLY** **MATERIALS ONLY** **EXAM & MATERIALS**

VIDEO DISPLAY TERMINAL CLAIM FORM GROUP POLICY NUMBER F21426

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTE: Please complete the entire enrollment form. This form cannot be processed if information is incomplete.

IMPORTANT: PLEASE PRINT ALL SECTIONS IN BLACK INK.

SECTION 1 – INSURED TO COMPLETE AND SIGN THIS SECTION

EMPLOYEE'S NAME (LAST NAME FIRST)	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	EMPLOYEE SOCIAL SECURITY NUMBER
STREET ADDRESS	RELATIONSHIP TO EMPLOYEE FOR EMPLOYEE ONLY	PATIENT'S BIRTHDATE MONTH DAY YEAR
CITY, STATE, AND ZIP CODE	NAME OF EMPLOYER CALIFORNIA STATE UNIVERSITY	CAMPUS

GENERAL VISUAL INFORMATION

1. TIME SPEND AT VDT? _____ HOURS PER DAY.

2. WORK IS PERFORMED WHILE: SITTING OTHER (PLEASE DESCRIBE): _____

3. JOB TITLE _____

4. LIGHTING IN WORK AREA (PLEASE DESCRIBE): _____

ARE YOU EXPERIENCING ANY OF THE FOLLOWING SYMPTOMS WHILE AT YOUR VDT? CHECK ALL WHICH APPLY.

Headaches Blurred Near Vision Blurred Distant Vision Slowness in focusing (Distant to near and back) Double Vision

Sore or Tired Eyes (Strain) Glare (Light) Sensitivity Dry or Watery Eyes Burning, Itching or Red Eyes Neck and Shoulder Pain Back Pain

Do you wear glasses while working at the VDT? YES NO Please bring them with you to the examination

Do you wear contacts while working at the VDT? YES NO Please bring them with you to the examination

Do you view reference material while working at the VDT? YES NO What percentage of time? _____

In order for the doctor to accurately assess your occupational vision needs and possible appropriate eyewear, the following distances/direction must be completed:

Viewing distance eye to VDT screen is _____ inches. Viewing distance eye to VDT keyboard is _____ inches. Viewing distance eye to reference material is _____ inches.

The center of the VDT screen is: above equal to below eye level. if above or below, by how many inches? _____

Reference material is: above equal to below eye level. if above or below, by how many inches? _____

The above answers are true and complete according to the best of my knowledge and belief. By signing this form, I hereby certify that my CSU job requires me to use a video display terminal (VDT) four or more hours per day on a regular, ongoing basis. I understand that if I obtain services and do not meet these VDT eligibility requirements, I will be responsible for any and all charges incurred. I hereby assign payable benefits to participating providers.

EMPLOYEE SIGNATURE

DATE

SECTION 2 – TO BE COMPLETED BY DOCTOR

DATE OF EXAMINATION	REFRACTION	
	NO REFRACTION	
DOCTOR'S PRESCRIPTION		
	Sphere	Cylinder
	Axis	Prism
	Base	
R.E.	•	•
L.E.	•	•
READING ADD	R.E.	L.E.
	+ •	+ •

SPECIAL INSTRUCTIONS
THE VDT EXAM IS PART OF THE COMPREHENSIVE EXAM.

TO BE COMPLETED BY DISPENSER

SIGNATURE _____ DATE _____

PLEASE TYPE OR PRINT NAME OF DOCTOR _____ ECN PROVIDER NO. _____

STREET ADDRESS _____

CITY, STATE, AND ZIP CODE _____

SECTION 3 – TO BE COMPLETED BY DISPENSER

DATE OF ORDER	DATE OF DELIVERY	
RIGHT LENS CHARGE		\$
LEFT LENS CHARGE		\$
OVERSIZE CHARGE, IF ANY		\$
<input type="checkbox"/> PRISM CHARGE <input type="checkbox"/> OTHER		\$
<input type="checkbox"/> SLAB OFF CHARGE _____		\$
FRAME CHARGE		\$
NAME OF FRAME _____		\$
IS FRAME SIZE LESS THAN 61 MM?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER CHARGES		
TOTAL FOR OPTICAL MATERIALS		\$
COMMENTS:	THERE IS A \$10.00 CO-PAYMENT PER 12-MONTH PERIOD AND A RETAIL FRAME ALLOWANCE THROUGH PARTICIPATING PROVIDERS.	