



## Leech Lake Band of Ojibwe Vision Claim Form

### Notice to members:

This form is for non-participating providers only as participating providers will submit these services for you. Please take this form with you when you purchase your eyeglasses, frames or contact lenses. Complete the following information regarding your claim and **attach an itemized receipt**. Your provider may assist you in filling out this form. Diagnosis and procedure codes are not required as long as you provide an itemized receipt.

This policy allows \$300 towards eyewear supplies (lenses, frames. And contact lenses) per person per calendar year. Please contact customer service for additional details on the services that are covered.

### Identification

Number: \_\_\_\_\_

Member Name: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Date of Purchase: \_\_\_\_\_

Please submit your claim along with a copy of your receipts to:

BlueLink  
Attention: Client Advocates  
PO Box 21974  
Eagan, MN 55121

You can also email to: [clientadvocate@qccbluelink.com](mailto:clientadvocate@qccbluelink.com)  
If you have any questions, please call our customer service line at:  
**833-803-4457**