**HUMANA CLAIM FORM FOR VISION SERVICES**

Attached is the form that you will need to request reimbursement from Humana for vision services.

Complete all required boxes (1-9).

**Section 10**

Must complete the Place of Service using the box below.

Must include the CPT Code. \*

Must include the Diagnosis Code.  \*

**Section 11**

Must complete & include the Provider Tax ID Number.  \*

\* If you do not have these, you will need to call the providers office and request them.

Mail to address on back of Humana card with receipt.

Keep a copy for your records.