



# Fulton Fish Market Welfare Fund

253 West 35<sup>TH</sup> Street, 12<sup>TH</sup> Floor, New York, NY 10001

## Optical Reimbursement Form

Member's Last Name		Member's First Name		Middle Initial	Member's Social Security No.
Member's Mailing Address			Apt. No.		Member's Date of Birth MM / DD / YY
City		State	Zip		Date of Service MM / DD / YY
Patient's Last Name	Patient's First Name		Patient's Date of Birth MM / DD / YY		Relationship to Member
I certify that the information given is correct and authorize release of any information necessary to process this claim.					
Member's Signature: _____ Date: _____					
TOTAL AMOUNT: _____					

**You are entitled to one pair of glasses or contact lenses and an eye exam once per calendar year (according to the fee schedule).**

**Fitting lenses are not covered. You must pay at the time of service.**

**Reimbursement is based on the fee schedule listed below.**

Procedure	Fee
Examination Only (with Tonometry)	\$90.00
Frame Only	\$112.50
Single Vision Lenses (Plastic)	\$112.50
Bifocal Lenses (Plastic) Includes BF 25, 35 Executive or Blended	\$127.50
Basic Progressive Lenses (Plastic)	\$217.50
Contact Lenses (Hard or Soft, Non-Astigmatic, Daily or Extended Wear) or \$150.00 Credit Off Retail Value of Any Other Type of Contact Lenses	\$225.00

### **Attach Copies of Original Receipts to this Claim Form**

**Please attach an itemized receipt, including patient's name, date of service, and a copy of the corresponding prescription along with proof of payment.**

**Mail completed form with attachments to:**

**Fulton Fish Market Welfare Fund  
C/O Daniel H. Cook Associates, Inc.  
253 West 35<sup>TH</sup> Street, 12<sup>TH</sup> Floor  
New York, NY 10001  
(212) 505-5050**

**The State of New York requires this statement to appear on all claims forms:**

"Any person who knowingly and with the intent to defraud any insurance company or other persons files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall be subject to civil penalty not to exceed five

thousand dollars and the stated value of the claim for each violation.” Fraudulent insurance acts are a crime in all states, and additionally a felony in several states.