



Send Vision Claims to:

Allied Benefit Systems, Inc.

P.O. Box 909786-60690

Chicago, IL 60690

Phone Numbers

Tel: 312-906-8080

Fax: 312-906-8359

Toll Free: 800-288-2078*

*Outside IL

VISION CARE CLAIM FORM

INSTRUCTIONS: Complete the applicable items in Part 1. Give the form to your Provider to complete Part 2. Return the completed form to ALLIED BENEFIT SYSTEMS, INC.

Form with 10 numbered sections for claim information, including patient details, accident information, and employer information.