J. J. STANIS AND COMPANY, INC.
377 Oak Street Suite 406
Garden City, NY 11530
Telephone: 516 465 3900 Fax: 516 465 3920

Statement of Claim
FOR
GROUP VISION CARE BENEFITS

TO BE COMPLETED BY THE MEMBER:

PATIENT NAME:	RELATIONSHIP TO EMPLOYEE: SELF SPOUSE CHILD OTHER	Sex M F	Patient Date of Birth Month/Date/Year	If Full Time Student: School/City
Employee Name: First Middle Last	Employee SSN	Name of Group Vision Program		
Employee Mailing Address		Employer (Company) Name and Address		
City, State, Zip				
Spouse's Name	Spouse's Date of Birth Month/Date/Year	Spouse's ID Social Security Number		
Are other family members employed? ◯ Yes ◯ No If Yes, Indicate Name	Social Security Number	Name and address of employer		
Is Patient Covered by another Plan? ◯ Yes ◯ No	Plan Name	Union/Local	Group Number	Name and Address of Carrier

I authorize any individual or organization to release any information to J. J. Stanis and Company Inc. for any services or benefits received or payable to me or on my behalf.
REQUESTED STATEMENT: "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading information concerning nay fact material thereto, commits a fraudulent insurance act, which is a crime."

Signature of Eligible Insured: _____Date: _____

AUTHORIZATION TO PAY BENEFITS TO PROVIDER

I authorize payment of vision benefits to undersigned physician or supplier for service described below.

Signature of Insured:_____ Date:_____

TO BE COMPLETED BY PROVIDER OF MATERIALS OR VISION CARE SERVICES

Optometrist/Ophthalmogist/Optician:	I HEREBY CERTIFY THAT THE SERVICES/MATERIALS AS INDICATED HAVE BEEN PROVIDED
Mailing Address:	SIGNATURE: _____
City/State/Zip:	DATE: _____
SSN or Tin: License No Phone No	

Diagnosis or Nature of Illness of Injury:

Description of Services	Date	Fee	Description of Services	Date	Fee
Examination			Contact Lenses		
Single Vision Lenses			Other		
Bifocal Lenses					
Trifocal Lenses					
Frame Only			TOTAL CHARGES		

To access additional claim forms, please visit our website: www.jjstanisco.com