

File a Claim Online

Superiorvision.com provides quick access to your vision benefits information. Find everything you need from eye care professionals to claim forms and discounts online.



Step 1:

Visit **superiorvision.com** and click on "Member log in" from the top navigation.

Step 2:

If you already have an account, enter your username and password. Otherwise, click the "Create a new account" button.

Step 3:

Once signed in, your information will be displayed. Click on the "Submit a claim" link located beneath the subscriber's information.

Step 4:

You will then be taken to the "Online claims submission" page. Fill out the claim accordingly and submit electronically.

Submit a claim by mail:

Repeat steps 1 through 2 and then click on the "Forms and Pubs" link located above "Subscriber Information". Once on the "Forms and Pubs" page, click on the "Member Reimbursement Claim Form" link. Print the form, fill it out and mail it in to the address located on the form. Should you need more assistance, please call customer service at 1 (800) 507-3800.

What else can I do in my member account?

Use your member account to easily locate an in-network eye care professional, view your benefits and eligibility, print your ID card, download forms and more.

1. **Members** EYE CARE PROFESSIONALS CLIENTS HEALTH PLANS BROKERS
Making vision first for everyone
Members
Shop online
2. **Login** **New Member**
Username
Password
Login
Forgot username or password?
If this is your first time accessing the secure member area, the **primary member (subscriber)** will need to create a new user account.
Create a new account
3. **MEMBER**
My Benefit Coverage Print ID Card Locate a Provider FAQs Forms & Pubs Vision Wellness Contact Us
Subscriber Information

Subscriber ID	First Name	Last Name	Address	DOB	Coverage Ter.
500000000000	John	Doe	1234 Avenue Any State, USA 12345	12/18/1975	Employed Only
Network	Group #	Group Name	Plan	Effective Date	Term Date
Superiorvision	0000000000	9/9/2018 (SPONSORING/ACTIVE)	9/9/2018 HEALTH	3/1/2020	

Family Members

Subscriber ID	First Name	Last Name	DOB	Relationship	Coverage from	Term
500000000000	John	Doe	3/10/90	Subscriber	3/10/20	

Currently displaying In-Network benefits for **John Doe** **Submit a Claim** **View Extended Benefits**
4. **ONLINE CLAIMS SUBMISSION**
Please follow the instructions below to submit an online claim for services rendered from an out-of-network provider:
1. Fill out the claim form on this page.
2. Upload your receipt to this form (acceptable file include .jpg, .xif, .PDF)
3. Click the Submit Claim button to submit your claim.
This Claim is Being Submitted for: **John Doe**
Claim Information
If you have more than one receipt, please enter the earliest service date.