Auxiant®
Independent Solutions › Real Results

Anthony Wayne Board of Education

Vision Hardware Reimbursement Program

In order to process your request for vision reimbursement in a timely manner, Auxiant must receive specific information for claims processing. Incomplete information will delay processing of your reimbursement check. A description of reimbursement coverage is available in your plan benefit documents. Please follow step by step instructions for all required fields to ensure your vision hardware reimbursement can be processed promptly. For any questions, please reach out to Auxiant at 800.279.6772. Thank you!

Not Acceptable

You will receive a denial for additional information for:

- Handwritten payment on statement/bill without proof of payment included
- Previous balance statements with no itemization of charges

Cataract Hardware

Glasses after cataract surgery will be covered under your medical benefit first. Your remaining balance may be submitted under your vision hardware reimbursement program for consideration up to your benefit limits.

Please attach:

- Receipt showing proof of payment made to your provider
- Itemized receipt from your provider of charges

Submit your request by either fax or mail to:

Fax: 608.273.4554

Mail: Auxiant | Attn. Claims Department |P.O. Box 259710 |Madison, WI 53725-9710

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By submitting this claim form, I (participant named below), request reimbursement as listed. I certify these are eligible expenses I have incurred and have proof of payment.

Policyholder (Employee) Name: _____

Identification Number of Policyholder: _____

Patient Name: _____

Phone number we can call in case of questions: _____

Date of Service: _____ Amount paid to your provider: _____

Provider Name: _____

Description of services rendered: _____

Please allow 15 business days for your claim to be processed