How to File a Claim for Covered Services

If your vision care provider is in the participating network, they will file the claim for you, and payment will be sent directly to the vision care provider.

If you live in a limited access area, overseas or if you obtain services from a non-participating provider (High Option only), you are responsible for filing the claim. You can submit your out-of-network claim electronically using the mobile app, member log-in portal on our website, or you can obtain claim forms on the website at www.bcbsfepvision.com or call 1-888-550-BLUE (2583) or TTY: 1-800-523-2847.

You can also submit an out-of-network claim form along with copies of the provider's bills by mail to:

Blue Cross Blue Shield FEP Vision
P.O. Box 507
Troy, NY 12181