

2013 Eye Exam Completion Form

Personal Benefit Account (PBA) City of Green Bay

Send completed forms to City of Green Bay Wellness Coach (information at the bottom of the form).
If you have any questions, please call the Wellness Coach at (920) 448-3101.

Please have this form filled out for each member covered under the City Insurance plan to receive the PBA dollars.

Individuals need not complete eye refraction with eye exam to qualify.

Insurance Card Holder Name: _____ ee / retiree
(circle one)

Name of person who had service completed: _____ ee / retiree / sp / dependent
(circle one)

Department of employee:

- DPW
- Fire
- Park/Rec/Forestry
- Police
- Transit
- Water
- All Other

Eye Exam Date of Service: ____/____/____

Provider Name: _____

Address: _____

Provider Signature: _____

OR

Attach your EOB (Explanation of Benefits form) to this form.

Participant's Signature: _____

Date: ____/____/____

*Return completed form to the City Wellness Coach:
City of Green Bay,
100 N. Jefferson St. Room 500. Green Bay, WI 54301-5006
Or fax to: 920-448-3128 ATTN: Wellness Coach
Please retain a copy of this form for your records.*

For Internal Use Only

Date entered on spreadsheet:

____/____/____