NTA Newburgh Teachers' Association Benefit Trust Fund
(845) 562-7988 • 52 Pierces Road • Newburgh, NY 12550

Non-Participating Provider Vision Claim Form

Date_____

_____ _____
Name (please print) **Relationship**

_____
Date of Birth

Please attach an Explanation of Benefits (itemized bill) for vision care along with this form and send to the Fund Office for reimbursement.

I understand that this program is only for vision services (eye exam, lenses or frames) by a non-participating optometrist .

_____ _____
Member name (please print) **Date**

_____ _____
Member Signature **School**

_____

For office use only:
Date received: