State of Idaho HDHP Plans
Vision Deductible Credit Request

For submission of out-of-pocket vision expenses to be applied against the member's medical deductible.

Subscriber Information:

Member's Name:_____ Date of Birth:_____

Address:_____

City:_____ State:_____ ZIP Code:_____

Member's Blue Cross of Idaho ID #:_____

Patient Information:

Patient's Name:_____ Date of Birth:_____

Relationship to Subscriber: _____

Provider Information:

Date Services were received: _____

Provider Name: _____Phone Number: _____

Address: _____

City:_____ State: _____ ZIP Code: _____

Submit this form along with related receipts to:

Blue Cross of Idaho
Attn: Benefits Administration Business Analysts
P.O. Box 7408
Boise, ID 83707

Or FAX form and receipts to: 208-331-7451, Attn: Benefits Administration Business Analysts

VSP® Vision care for life