



Davis Vision Out-of–Network Transition Form

**Effective for Davis Vision Out-of-Network services received between
April 1, 2008 through May 31, 2008.**

Employee Name:	Covered Dependent Name: (If request is for dependent)
Davis Vision ID#:	Current Date:
<p>Transition of Care Request Rational: Briefly describe the circumstances of your request to have your or your dependents vision care services/materials covered as in-network during this transition of care period (e.g. obtained vision exam services March 12, 2008 and due to contact lens fitting issues my materials purchase still needs to be completed in April).</p>	

Employee Signature

Date

Action: Submit this form with a completed Davis Vision Out-of-Network Claim Form (see Davis Vision form for submission details).

The Davis Vision Out-of-Network claim form can be found at www.DavisVision.com, Member Login, Information and Forms or call Davis Vision Customer Service at 888-575-0191 or Sandia Corporate Forms/Benefits Forms/Davis Vision Out-of-Network Claim Form.

If you need additional assistance call HBE Customer Service at 505-844-4237.