



Greenburgh Central  
School District  
Our Children. Our Focus. Our Future.



## Optical Form for GCSO Members

PLEASE SUBMIT THIS FORM WITH PROOF OF PAYMENT TO THE BENEFITS OFFICE BY MAY 30<sup>TH</sup> OF THE SCHOOL YEAR IN WHICH YOU INCUR THE EXPENSE.

ORIGINAL ITEMIZED BILL AND EITHER CREDIT CARD RECEIPT OR RECIEPT MARKED "PAID CASH" MUST BE SUBMITTED FOR PAYMENT OF CLAIM

TO BE COMPLETED BY EMPLOYEE	
Employee Name	
Street Address	
Patient Name	
Relationship to employee	

TO BE COMPLETED BY PROVIDER OF OPTICAL SERVICES	
Patient's Name	
Prescription	Yes No
Date of service	
Physician or optical provider's name	
Street address	
Have you submitted this claim to patient's medical insurance?	Yes No

Signature\_\_\_\_\_ Phone Number\_\_\_\_\_

TO BE COMPLETED BY SCHOOL DISTRICT			
School Year			
Employee Account Number			
Total money in account			
Amount of claim			
Date form received		Date payment approved	
Payment approved (Benefits Office)			