P.O. Box 3187 Tuscaloosa, Alabama 35403



VISION CLAIM FORM

(Medicaid #)		CLAIMS MUST BE F	TECEIVEL	IN OUR OFFICE V	VIIIIII 305	DAT			E			
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Single Married One			Self Spouse Child Other									
Single Married One	CITY	STATE	8. PATIENT STATUS			CITY STATE						
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