

Essilor Edge™ Reimbursement Claim Form

Approved Advertising or Essilor Equipment



Contact Information:

Practice Name _____ Date _____
Contact Name _____ Phone _____
Brand Sales Consultant Name _____ Essilor Edge Account Number (Macola) _____
Email _____ Pre-Approval Number

Claim Requirements Checklist:

- Copy of the invoice not older than 90 days.
- Proof of approved advertising or non-Essilor equipment, Essilor equipment, Essilor equipment purchase, or Essilor equipment subscription.

Claim Type	Items Required to Process	Actual Cost	Reimbursable Amount
Example: Direct Mail		\$2,000	\$1,000
Direct Mail	Sample mailing piece and postage receipt		
Print Advertising	Invoice and tear sheets for each insertion		
Radio, Television	Invoice and affidavit for each occurrence		
Eyemaginations	Invoice and proof of payment		
Visioffice®, M'eyefit™	Invoice and proof of payment		
Non-Essilor Equipment	Invoice and proof of payment		
Other			

Please Note: Refer to the *View Claims* page on www.EssilorEdge.com to see the status of new, pending, and approved claims.

Submit Form with supporting documents to:

Essilor Edge Claims
4650 Port Washington Road
PO BOX 12970
Milwaukee, WI 53212-0970
or Fax: (866) 281-7952
Support@EssilorSupport.com

Please allow 30 days upon receipt for processing and reimbursement.

Reimbursements are made via check or electronic deposit payable to the practice name on file. A valid Tax Identification Number is required. Reimbursements are subject to available point balances. Please consult program guidelines for complete details.