PRESBYTERIAN

Presbyterian Health Plan, Inc.

Unique Services Reimbursement Program Claim Form
City of Albuquerque

FAXES NOT ACCEPTED.
Please mail this Form to:

Presbyterian Health Plan
P.O. Box 27489
Albuquerque, NM 87125-7489
Attention: Claims – Unique Services Reimbursement

If you would like help with this Form, you may contact the Presbyterian Customer Service Center at (505) 923-7787 or toll-free at 1-855-261-7737, Monday through Friday from 7:00 a.m. to 6:00 p.m. TTY users may call 1-877-298-7407. You may also e-mail your questions to CABQinquiry@phs.org.

EMPLOYEE INFORMATION

The Employee or Primary Policy Holder must complete this Section.

First Name, MI, Last Name		Member ID Number:			
Address (No P.O. Boxes)		City	State	County	ZIP Code
Home Phone	Work / Message Phone	E-mail Address			

UNIQUE SERVICES REIMBURSEMENT PROGRAM CLAIM FILING INSTRUCTIONS

In order to avoid any delays, please follow the Guidelines on the back of this Form.

Once we receive this Form, we will process reimbursement requests within **30 to 45 days**. We will adjust the reimbursement if any part of a receipt cannot be processed for any reason.

1. Complete and return this Reimbursement Form each time you submit eligible expenses under the Unique Services Reimbursement Program (USRP).
2. Attach original itemized receipts. **Tape small receipts to an 8 ½ X 11" piece of paper**.
3. Attach appropriate documentation and sign the Form. Incomplete forms or requests submitted on the wrong form will be returned to the submitter.
4. Return the original Unique Services Reimbursement Program Form with the original signature. Keep a copy of the Form and all supporting documentation for your records.

UNIQUE SERVICES REIMBURSEMENT PROGRAM REQUEST

Please complete for enrolled My Care member, legal spouse, domestic partner, or dependent child(ren) who received the service(s) for this claim. Dependent child(ren) must be under age 26 and unmarried.

Name (First Name, MI, Last Name)	Relation	Member ID	Date of Service	Type of Service	Amount
1.	☐ Self ☐ Spouse ☐ Child				
2.	☐ Self ☐ Spouse ☐ Child				
3.	☐ Self ☐ Spouse ☐ Child				
4.	☐ Self ☐ Spouse ☐ Child				
5.	☐ Self ☐ Spouse ☐ Child				
6.	☐ Self ☐ Spouse ☐ Child				
7.	☐ Self ☐ Spouse ☐ Child				
8.	☐ Self ☐ Spouse ☐ Child				
				TOTAL OF ALL USRP REQUESTS	**$**

I certify that I and/or my eligible dependents have incurred the above expenses.

Signature: _____ **Date:** _____

Guidelines for Unique Services Reimbursement Program Requests

Below is a list of guidelines to help you avoid delays in the processing of your Unique Services Reimbursement Program Request.

The deductibility of health insurance premiums for income tax purposes is subject to complex rules and regulations, including but not limited to the United States Internal Revenue code. As a result, you are encouraged to consult with a tax professional regarding the deductibility of health insurance premiums, including those related to the Unique Services Reimbursement Program (USRP).

REIMBURSABLE EXPENSES

Please check (✓) the type of reimbursement you are requesting.

A physician must prescribe a gym membership, vitamins, or weight-loss program for a medical condition diagnosed by a physician.

MY CARE ACTIVE PLAN

	LASIK surgery
	Gym Membership Fees*
	Vitamins*
	Weight-Loss Program Membership Fees*
	Smoking Cessation Services (above and beyond those covered by your health plan; for example, over-the-counter aids)
	Routine Vision Care – eye refractions (exams), glasses, and contact lenses
	Dental Treatments (cosmetic services such as teeth whitening are not reimbursable)
	Ambulance Copayments
	Copayments for X-rays
	Birth Control Pills Prescribed by a Physician
	Sterilization Services
	Preventive Care Copayments (must be associated with a Presbyterian Health Plan paid preventive claim)*
	Scans (x-rays, MRIs, etc.)

*A NOTE OR PRESCRIPTION FROM A PHYSICIAN MUST BE ATTACHED TO THIS REQUEST FOR REIMBURSEMENT TO BE PROCESSED.

INDEPENDENT PLAN

Please check (✓) the type of reimbursement you are requesting.

	Prescription Drug Costs. Copayments and Prescriptions not covered by the Prescription Drug benefit as long as a physician prescribes it.
	Routine Vision Care – eye refractions (exams), glasses, and contact lenses
	Dental Treatments (Cosmetic services such as teeth whitening are not reimbursable)*
	Diagnostic Devices used for diagnosing and treating illness and disease (for example, blood sugar test kits for diabetics) *
	Disease Management Classes.*
	Alternative Therapies – acupuncture and chiropractic services above and beyond those services covered by the benefit portion of this plan.*
	Hearing Aids

*A NOTE OR PRESCRIPTION FROM A PHYSICIAN MUST BE ATTACHED TO THIS REQUEST FOR REIMBURSEMENT TO BE PROCESSED.