$1,500 Acupuncture Reimbursement from Tufts Health Plan

Your employer has elected to provide you an acupuncture reimbursement program that will save you up to $1,500 per member per calendar year in service fees. To receive these savings, once you have received acupuncture services from a licensed acupuncturist, mail a copy of your receipt and the reimbursement form to Tufts Health Plan.

**Acupuncture Reimbursement Program Highlights**

- You can get up to $1,500 back for acupuncture services per member per calendar year
- Services must be completed by a licensed acupuncturist that is part of the ChooseHealthy network. You can find a licensed acupuncturist at choosehealthy.com.
- Make a copy of your receipt
- Fill out the reimbursement form and mail it to Tufts Health Plan along with your receipt

For more information about the acupuncture reimbursement program, please contact Member Services at 800.462.0224.
ACUPUNCTURE SERVICES MEMBER REIMBURSEMENT FORM

Please print clearly, complete all sections in blue, and sign. Retain a copy of all receipts and documents for your records. Please note: You can submit one reimbursement (per member) per calendar year up to $1,500 after receiving qualifying services. We typically process reimbursements within 4 to 6 weeks of receipt.

1. MEMBER’S TUFTS HEALTH PLAN ID#

2. MEMBER’S NAME (Last, First, Middle Initial):

3. MEMBER’S DATE OF BIRTH

4. MEMBER’S RELATIONSHIP TO SUBSCRIBER

Date of Birth: _______ / _______ / __________ Sex:  M  F  Self  Spouse  Child  Other

5. SUBSCRIBER’S NAME, ADDRESS, TELEPHONE

Name (Last, First, Middle Initial): ____________________________________________________________

Address: ____________________________ Telephone: ____________________________

6. ACUPUNCTURE SERVICE PROVIDER

Name: __________________________________________________________

Address: ____________________________ Telephone: ____________________________

FOR INTERNAL USE ONLY

7. IN WHAT SETTING DID THE MEMBER RECEIVE TREATMENT?

(e.g., office, ER, hospital, clinic, ambulance, etc.)

Acupuncture

8. DIAGNOSIS: WHAT WERE YOU SEEN FOR?

Diagnosis Code: 799   Description: General

9. ACUPUNCTURE PROGRAM INFORMATION

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<tr>
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<th>C</th>
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<tbody>
<tr>
<td>Acupuncture Service Date &amp; Description</td>
<td>Procedure code and/or description of procedures, services, or supplies provided</td>
<td>Amount paid</td>
</tr>
<tr>
<td>* S9449 Acupuncture</td>
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Total amount paid

10. PROOF OF SERVICE(S) THROUGH ONE OF THE FOLLOWING:

☐ An itemized bill from the licensed acupuncturist, listing services received and dollar amounts paid

11. PROOF OF PAYMENT THROUGH ONE OF THE FOLLOWING:

☐ The front and back of the cancelled check written to the licensed acupuncturist

☐ A credit card statement or receipt

12. SIGNATURE IS REQUIRED:

I attest that the above information is accurate and complete. ____________________________________________

INTERNAL USE ONLY

Representative’s Name/Extension: ____________________________ Corporate Receipt Date: _______ / _______ / __________

Please submit this form and all documentation to:

Tufts Health Plan | Member Reimbursement Claims, PO Box 9191
Watertown, MA 02471-9191

Please do not staple any materials to this form