



Unique Services Reimbursement Form

Questions? Call (505) 923-5678 or 1-800-356-2219 **Faxes NOT Accepted**

Mail to: Presbyterian Health Plan, P O BOX 27489, Albuquerque, NM 87125-7489

Attn: Claims-Unique Services Reimbursement

Employee Name	Member #	Work Telephone
Mailing address: street number, name, city, state, zip code		Home Telephone

Please follow these instructions :

- Complete and return this reimbursement form each time you submit eligible expenses under the USRP.
- Attach original itemized receipts. **Tape small receipts to 8 ½ X 11 paper.**
- Attach the appropriate documentation and sign the form. Incomplete forms and requests submitted on the wrong form will be returned to the submitter.
- Reimbursements may be adjusted if any part of a receipt cannot be processed for any reason.
- Please turn in the original Unique Services Reimbursement form with original signature. Keep a copy of the form and all supporting documentation.
- **In order to avoid delays in processing; please follow the guidelines on the back of this form.** Once received, reimbursement requests will be processed within 30-45 days.

Unique Service Reimbursement Program (USRP)-allow 30-45 days for processing of reimbursement requests.

Employee or Dependent Name	Member ID	Date of Service	Type of Service	Amount
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
Total of all USRP reimbursement requests:				
\$				

I certify that these expenses for which reimbursement is claimed from my account have been incurred by me and/or my eligible dependents.

Signature of Employee

USRP Reimbursement Form 2004

Date

Revised 2/05

Filing a Unique Services Reimbursement Request Form

Guidelines

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

Reimbursable Expenses

Please select the type of reimbursement you are requesting.

Active plan:

- LASIK surgery
- Gym Membership Fees, Vitamins and Weight Loss Program Membership Fees all must be Prescribed by a Physician for a medical condition diagnosed by a Physician. – **A NOTE OR PRESCRIPTION FROM A PHYSICIAN MUST BE ATTACHED TO THIS REQUEST FOR REIMBURSEMENT TO BE PROCESSED.**
- 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, contact lenses
- Dental Treatments (Cosmetic services such as teeth whitening are not reimbursable) – **A NOTE OR PRESCRIPTION FROM A PHYSICIAN MUST BE ATTACHED TO THIS REQUEST FOR REIMBURSEMENT TO BE PROCESSED.**
- Ambulance copayments
- Copayments for X-rays
- Birth control pills prescribed by a Physician
- Sterilization services

Independent plan:

- 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, contact lenses
- Dental Treatments (Cosmetic services such as teeth whitening are not reimbursable) – **A NOTE OR PRESCRIPTION FROM A PHYSICIAN MUST BE ATTACHED TO THIS REQUEST FOR REIMBURSEMENT TO BE PROCESSED.**
- Diagnostic Devices used for diagnosing and treating illness and disease (for example, blood sugar test kits for diabetics) **A NOTE OR PRESCRIPTION FROM A PHYSICIAN MUST BE ATTACHED TO THIS REQUEST FOR REIMBURSEMENT TO BE PROCESSED.**
- Disease management classes– **A NOTE OR PRESCRIPTION FROM A PHYSICIAN MUST BE ATTACHED TO THIS REQUEST FOR REIMBURSEMENT TO BE PROCESSED.**
- Alternative therapies – Acupuncture and Chiropractic services above and beyond those services covered by the benefit portion of this plan– **A NOTE OR PRESCRIPTION FROM A PHYSICIAN MUST BE ATTACHED TO THIS REQUEST FOR REIMBURSEMENT TO BE PROCESSED.**
- Hearing aids
- Qualified long term care services and premiums