

Minuteman Health 2017 \$100 Holistic Wellness Reimbursement Form

As a **“My Doc” HMO Platinum Extra Value** member, Minuteman Health offers you Holistic Wellness support to help better manage your chronic condition. In addition to seeing your In-Plan Primary Care Provider (PCP) or In-Plan Specialist regularly, there are other choices you can make to enhance your physical, mental and emotional health for an overall healthier lifestyle.

Through our Holistic Wellness Reimbursement Program we will reimburse you up to \$100 per family per calendar year

- Mindfulness classes
- Stress reduction classes
- Meditation classes
- Acupuncture
- Massage therapy

Mindfulness/Stress Reduction/Meditation Classes

- Mindfulness is the relaxation of the body, mind and spirit that can help create a sense of wholeness and reduces stress
- Classes may include: stress reduction management and meditation instruction
- All classes must be evidenced-based and/or generally accepted programs

Acupuncture/Acupressure

- Acupuncture is a key component of traditional Chinese medicine and involves the insertion of thin needles into acupuncture points in the body
- Acupressure is a form of therapy of Japanese origin based on the same principles as acupuncture, in which pressure is applied to certain points on the body using the hands
- Acupuncture and acupressure can be used to help relieve discomfort with a variety of diseases and conditions

Massage Therapy

- Massage is the direct manipulation of the soft tissues of the body (muscles, skin, tendons and connective tissue)
- Seeking massage therapy could help relieve stress and anxiety, allow for muscle relaxation, injury rehabilitation, pain reduction and promote overall health and wellness

Reimbursement Requirements - All Programs

- The participant in the program must be an active Minuteman Health member at the time of service
- All therapists must be licensed in the state where you are seeking care. License numbers will be randomly selected and verified by Minuteman Health
- Forms can be submitted up to two times per family in each calendar year, for a combined maximum annual reimbursement of \$100 per family
- Copies of receipts will be accepted. Receipts will not be returned¹

Minuteman Health will not reimburse you for:

- Trainings or certifications
- Expressive therapies such as music therapy, aquatic therapy, pet therapy, art therapy, humor or laughter therapy
- Reflexology or energy healing such as reiki, Qi Gong or therapeutic touch other than massage therapy
- Spiritual healing practices
- Progressive muscle relaxations
- Vitamins, supplements, food, herbal therapy or aromatherapy
- Requests received later than March 31 of the following year

¹Examples of receipts could be a canceled check or bank/credit card statements

For Minuteman Health Use Only
 Current Minuteman Health member
 Receipts/Contract that reflect payment
 Amount to reimburse \$_____

Minuteman Health 2017 \$100 Holistic Wellness Reimbursement Form

Subscriber Information		
Last Name:	First Name:	
Street Address:		
City:	State:	Zip:
Minuteman Health ID #:		
Telephone #:		
All reimbursements will be sent to the Subscriber's address currently on file with Minuteman Health Maximum reimbursement is \$100 per family per calendar year Member Information (Name of all covered family members for whom you are submitting this request)		

Member Information (Name of all covered family members for whom you are submitting this request)		
Member Name (Last, First)	Relationship to Subscriber	Date of Birth

Activity for reimbursement				
Type of activity	Program/facility name	Address/ Phone#	Amount requested	Date of activity

Information needed for reimbursement

- A copy of relevant contracts, membership agreements, or registration forms
- Dated paid receipts or copies of bank or credit card statements. The receipts must include the member's name

Certification and Authorization. (This form must be signed by each covered family member aged 18 or older for whom reimbursement is sought.)
 I authorize the release of any information to Minuteman Health about my health club membership, school and town sports registration, aerobic/wellness class, personal training, athletic events and if applicable Weight Watchers' participation. I certify that the information provided in support of this submission is complete and correct.

I certify that the information on this form and supporting documentation are complete, truthful and accurate
 Subscriber signature/Member signature: _____ Date: _____

Mail completed form and the "Information needed for reimbursement" described above to
 Minuteman Health, Claims Department, One Monarch Place, Suite 1500, Springfield, MA 01144-1500.

Please allow 4-6 weeks for processing.
 NOTE: Reimbursement requests for a prior year must be received by Minuteman Health no later than March 31.

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