

Complementary and Alternative Medicine Reimbursement Form

Please read the instructions below, then fill out the Complementary and Alternative Medicine Reimbursement Form on page 2.

Mailing Instructions

Keep copies of all documentation before sending in your Complementary and Alternative Medicine Reimbursement Form.

Please enclose copies of the following:

1. Completed Complementary and Alternative Medicine Reimbursement Form
2. Copy of paid receipts verifying you received and paid for Complementary and Alternative Medicine services.
(See list of approved services below.)

Mail to: Harvard Pilgrim Health Care
P. O. Box 9185
Quincy, MA 02269

COMMONLY ASKED QUESTIONS AND ANSWERS

How do I qualify for a reimbursement?

- Your plan must include Harvard Pilgrim's Complementary and Alternative Medicine Reimbursement benefit. Check with your employer or see your Schedule of Benefits for details.
- You may only submit for reimbursement once per calendar year.

When can I submit my Complementary and Alternative Medicine Reimbursement Form?

You must submit the form no later than March 31 of the year following the Complementary and Alternative Medicine services.

Does the service I received qualify for reimbursement?

- Harvard Pilgrim will reimburse for the following Complementary and Alternative Medicine services: Homeopathy, Naturopathy, Reflexology and Reiki.

How much can I claim for reimbursement?

- Reimbursement is up to \$150 per calendar year (e.g., January – December) per family, in total for fees paid for approved Complementary and Alternative Medicine services for the subscriber and/or their dependents.
- Subscribers may receive reimbursement for Complementary and Alternative Medicine services once per calendar year.

What happens once I submit the Complementary and Alternative Medicine Reimbursement Form?

- Reimbursement checks will be made payable to the Subscriber and mailed only to the Subscriber's address of record. No alternative address will be accepted.
- If you believe your current address is different than the address of record in Harvard Pilgrim's systems, please contact Member Services before submitting your form.
- Please allow up to 8 weeks for processing.



Harvard Pilgrim Complementary and Alternative Medicine Reimbursement Form

To be filled out by Harvard Pilgrim Health Care SUBSCRIBER only. Please use blue or black ink and print all information clearly.

When to submit this form

- After you enroll in a Harvard Pilgrim plan that includes the Complementary and Alternative Medicine Reimbursement benefit.
- After you have received an approved service (see list on page 1).
- Once per calendar year, with all necessary receipts and documentation.
- After all sections on the form have been completed and signed by the subscriber.

Section A – Subscriber Information (person who holds coverage)

Harvard Pilgrim ID Number	Subscriber's Last Name	First Name	Middle Initial
Date of Birth (mm/dd/yyyy)			
Address	City	State	ZIP Code
Daytime Phone (area code) xxx-xxxx	Company Name (Employer)	Subscriber's Email	

Section B – Subscriber and/or Member Information for Reimbursement

Harvard Pilgrim ID Number	Last Name	First Name	Date of Birth (mm/dd/yyyy)
Harvard Pilgrim ID Number	Last Name	First Name	Date of Birth (mm/dd/yyyy)

Section C – Complementary and Alternative Medicine Information (List all services that you are submitting for on behalf of you and/or your dependents. Reimbursable services are: Homeopathy, Naturopathy, Reflexology and Reiki.)

ATTACH DOCUMENTATION	Calendar Year from: mm/dd/yyyy to: mm/dd/yyyy	Provider Name	Service Date	Service Type	\$ Amount being claimed
	from: ___/___/___ to: ___/___/___				
	from: ___/___/___ to: ___/___/___				
	from: ___/___/___ to: ___/___/___				
	from: ___/___/___ to: ___/___/___				

Total number of documents _____ Total dollar amount being claimed \$ _____

Section D – Subscriber Certification

I certify the information on the form and all supporting documents are complete, accurate and unaltered.

Subscriber's Signature _____ Date _____