

MASSAGE REIMBURSEMENT FORM*

There is more to staying healthy than seeing your doctor. It's up to you to make healthy choices. That's why Health New England gives you more than just coverage for your doctor visits. Massage Therapy is one of many programs we offer to help you take charge of your health.

Massage Therapy

Massage therapy is the application of various techniques to the muscular structure and soft tissues of the human body. The application of soft-tissue manipulation techniques to the body may reduce stress and fatigue while improving circulation.

Health New England will reimburse you for up to two (2) one-hour massage visits, based on the following reimbursement requirements:

- The participant in the program must be an active Health New England member at the time of participation.
- Massage practitioners must be certified and/or licensed with their state of practice.
- You can submit your form up to 2 times per family in each calendar year, for a combined maximum annual reimbursement for 2 massage sessions per family.
- Itemized receipts will not be returned. Health New England will accept copies of the receipts.

Health New England will *not* reimburse you for:

- Tip and gratuity
- Sessions with uncertified or unlicensed practitioners
- Sessions lasting longer than 1 hour (maximum 2 sessions)
- Massage equipment/devices
- Monthly memberships to massage facilities

HNEPlus

Combine this reimbursement program with our HNEPlus discount program and save even more! Through the HNEPlus program, members can also receive discounts for choosing healthy lifestyles. Check out healthnewengland.org/hneplus to find ways a Health New England card adds extra value.

* Check your Explanation of Coverage (EOC) to verify if this benefit is covered under your plan. For High Deductible Health Plans — charges will apply towards your deductible, reimbursement will only occur after your deductible has been met.

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

MASSAGE REIMBURSEMENT FORM*

Subscriber Information

Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Employer: _____ Health New England ID #: _____ Telephone #: _____

All reimbursements will be sent to the subscriber's address currently on file with Health New England.
Maximum reimbursement is up to 2 (one-hour) massage therapy sessions per family per calendar year.

Member Information (Names 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

Calendar Year	Practitioner's Name	Address/Phone#	#/Length of Session (maximum 1 hour/session)	Practitioner's rate per hour/session
20____				
20____				

Proof of Service:

☐ An itemized bill from the provider of service, listing dates of service, session length, services provided and rate per hour.

Proof of Payment Through One of the Following:

☐ Front and back of a cancelled check written to the provider ☐ Bank encoded front of the check ☐ Credit card statement
☐ Proof of cash payment (e.g., a cash register receipt, an invoice indicating paid).

Itemized statements and/or invoices do not count as proof of payment.

Certification and Authorization. (This form must be signed by each covered family member aged 18 or older for whom reimbursement is sought.) Read instructions before completing and signing this form.

I authorize the release of any medical or other information necessary to process this claim. I attest that the above information is true and accurate, and that services were received and paid for in the amount requested as indicated above. I acknowledge that if any information on this form is misleading or fraudulent, my coverage may be cancelled and I may be subject to criminal and/or civil penalties for false health care claims.

Member's or other authorized person's signature

Date

Please submit this form and all documentation to:
Health New England – Member Reimbursements
One Monarch Place, Suite 1500
Springfield, MA 01144-1500
Please allow 4–6 weeks for processing.

NOTE: Reimbursement requests for the prior year must be received by Health New England no later than March 31.