

Acupuncture Reimbursement Claim Form

Medica Group Prime SolutionSM (Cost)



Your Medica plan reimburses up to \$500 for non-Medicare-covered acupuncture treatments per calendar year. Services can be received by any licensed acupuncture provider in the U.S. and its territories.

Simply follow these three steps for reimbursement:

- Complete this claim form
- Attach your itemized receipt(s) and proof of payment
- Mail the completed form and a copy of your receipt(s) to:

Medica Claims

PO Box 30990

Salt Lake City, UT 84130

FOR INTERNAL USE ONLY

Place of service: 11

CPT Code: 97810

Diagnosis Code: R69

Provider ID: 0001-0099999

Please allow 30 calendar days for processing. All reimbursement requests must be submitted within 365 days from the date of service.

COMPLETE THE FOLLOWING (PLEASE PRINT):

Member Name:	Date of Birth:
Medica Identification Number:	Group Number:
Home Telephone Number:	
Date of Service:	
Total Amount Paid:	
Name of Acupuncturist:	
Clinic Location (City, State, Zip):	

Questions? Call us 8 a.m.-8 p.m. CT, seven days a week.

Medica Group Prime Solution (Cost) members toll free: **1 (800) 575-2330** (TTY: **711**)