

Medicare Advantage Acupuncture/ Massage Therapy Receipt Reimbursement

Please attach a copy of your itemized bill and paid receipt. Please keep a copy of all documents for your records, as copies submitted with your request will not be returned. The available allowance amount can be found on your plan's Evidence of Coverage. You must submit your claim to us within 12 months of the date you received the service.

Date	
Name	
Address	
Date of birth	
Subscriber ID	
Group number	
Service received <input type="checkbox"/> Acupuncture <input type="checkbox"/> Massage therapy (Please provide CPT code)	
Diagnosis for treatment (Description and/or Dx code)	
Provider's name	
Provider's address	
Provider's phone number	
Provider's verification (NPI# or tax ID)	

Please mail to:

Medicare Advantage Customer Service
P.O. Box 15112
Albany, NY 12212

Allow four to six weeks for reimbursement. If you have any questions, feel free to contact customer service at 1-800-329-2792 (TTY 711).

We're available October 1 - March 31, 8 a.m. - 8 p.m. seven days a week; April 1 - September 30, 8 a.m. - 8 p.m., Monday - Friday.

Highmark Blue Cross Blue Shield of Western New York (Highmark BCBSWNY) is a trade name of Highmark Western and Northeastern New York Inc., an independent licensee of the Blue Cross Blue Shield Association. Highmark BCBSWNY is a Medicare Advantage plan with a Medicare contract and enrollment depends on contract renewal.

The plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al número en la parte posterior de su tarjeta de identificación (TTY: 711).

请注意：如果您说中文，可向您提供免费语言协助服务。请拨打您的身份证背面的号码（TTY：711）。

