



Cosmetic Surgery \$500 reimbursement

Cosmetic surgery is a blend of art and medicine. Its purpose is to heighten your total sense of well-being. The Employee Advantage health plan offers reimbursement up to \$500 annually for cosmetic surgery performed at the UMass Memorial Medical Group Cosmetic Surgery Center.

What you should know about the UMass Memorial Medical Group Cosmetic Surgery Center

- Features a broad selection of state-of-the-art services, ranging from simple nonsurgical cosmetic treatments to complex surgical procedures.
- Has the most experienced group of board-certified plastic surgeons in Central Massachusetts.
- Adheres to the highest quality and safety standards, as evidenced by accreditation by the American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF).

What procedures are covered for reimbursement?

Cosmetic surgery procedures provided by the UMass Memorial Medical Group Cosmetic Surgery Center are covered for reimbursement. For a complete listing of procedures, please visit the website at www.cosmeticsurgicenter.com.

How do I get reimbursed?

Simple. Fill in the information on the back of this flyer and supply any necessary documentation, such as a copy of a medical bill. For your convenience, we accept multiple receipts and requests on one form. Be reimbursed all at once!

Questions?

If you have any questions about the Cosmetic Surgery reimbursement, please call the Customer Service Department at 1-877-498-1188 (TDD/TTY: 1-877-608-7677) or visit The Employee Advantage website at www.TheEmployeeAdvantage.org.

The Employee Advantage

Provided by UMass Memorial Health Care

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Cosmetic Surgery Reimbursement Form

You may request \$500 per contract once per calendar year. Requests must be made no later than March 31 of the following calendar year.

Mail completed form to:
The Employee Advantage
c/o Fallon Health
P.O. Box 211308
Eagan, MN 55121-2908

Subscriber information

(Note: The subscriber is the primary health insurance policyholder, not necessarily the person requesting reimbursement.)

Subscriber's last name	First name	Middle initial	
Address	City	State	ZIP
Subscriber's ID # (located on the front of your card)	()	Telephone number	

Procedure for reimbursement

Type of procedure	Member Name	Cosmetic surgeon name	Date of procedure	Amount requested

Information needed for reimbursement

- This completed form
- Dated original receipts or copies of bank/credit statements showing the charge for procedure(s) (Original receipts will not be returned). These should reflect the dollar amount you are requesting. The Employee Advantage and FCHP will only reimburse for the amount reflected on these receipts/statements.

Certification and authorization (This form must be signed and dated below by the subscriber.)

Reimbursement is subject to approval by The Employee Advantage and Fallon Community Health Plan. Please allow 30 days from receipt for reimbursements. Reimbursement check should be made to (check one):

Subscriber Member _____

Agreement:

I certify that the information above is correct to the best of my knowledge. I am claiming reimbursement only for eligible expenses incurred during the applicable calendar year and for eligible members.

Subscriber's signature _____ Date _____

The Employee Advantage

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