

Wig reimbursement benefit

Form and instructions

What is the wig reimbursement benefit?

The wig reimbursement benefit is available to members as prescribed by a physician related to a medical condition. If you qualify, you can be reimbursed for the cost of the wig. This benefit is included in all Mass General Brigham One Care and SCO (Senior Care Options) plans.

You can find details about your plan in your Member Handbook, otherwise known as your Evidence of Coverage. This is found at [Member.MGBHP.org](https://www.massgeneralbrigham.org/Member.MGBHP.org).

How do I request reimbursement for my wig benefit?

Once you purchase your wig, if your primary care provider (PCP) or specialist cannot submit a claim to Mass General Brigham Health Plan on your behalf, you may ask us to reimburse you by filling out this form. Please provide your receipt that includes the date of purchase, merchant name, item description, and purchase amount as well as a signed and dated note from your PCP or specialist stating the wig was medically necessary. There are three ways to submit your request form:

Submit by mail or fax

Complete the form on the back of this flyer and mail to:

Mass General Brigham Health Plan

Attention: One Care/SCO claims
399 Revolution Drive, Suite 875
Somerville MA 02145

You can also fax your request form to **617-526-1910**.

You will not get confirmation of your request. Please allow up to 60 days for processing.

Submit on our Member Portal

The most convenient way to request your reimbursement is on our Member Portal at [Member.MGBHP.org](https://www.massgeneralbrigham.org/Member.MGBHP.org).

- Complete your reimbursement request online
- Get confirmation of your submission right away

Please allow up to 60 days for processing.

Please note: The deadline to request your wig reimbursement benefit for each calendar year is March 31 of the following year.

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Coverage request form

Please provide all required information below.

Member information

Last name	First name	M.I.	
_____	_____	_____	
Street address	City	State	ZIP
_____	_____	_____	_____
Telephone number	Member ID# (located on the front of the Mass General Brigham Health Plan ID card)		
_____	_____		

Payment information

Calendar year reimbursement is being requested: _____

Total cost of wig: _____

Certification/authorization

The member must sign and date below. The wig reimbursement is subject to approval. Mass General Brigham Health Plan reserves the right to request additional information.

To the best of my knowledge and belief, my statements in the Mass General Brigham Health Plan wig reimbursement benefit request form are complete and true. I am claiming the coverage amount as indicated in my Member Handbook, otherwise known as the Evidence of Coverage.

Mass General Brigham Health Plan member's signature

Date

Check if completed by Appointment of Representative

[MGBAdvantage.org/OneCare](https://www.massgeneralbrigham.org/OneCare)

[MGBAdvantage.org/SCO](https://www.massgeneralbrigham.org/SCO)

Mass General Brigham One Care is a Dual Special Needs Plan (D-SNP) that contracts with both Medicare and MassHealth (Medicaid) to provide benefits of both programs to enrollees. Enrollment in the plan depends on the plan's contract renewal with Medicare.

Mass General Brigham SCO (Senior Care Options) is a Dual Special Needs Plan (D-SNP) with a Medicare contract and a contract with the Commonwealth of Massachusetts Medicaid program. Enrollment in the plan depends on the plan's contract renewal with Medicare.