

Wig reimbursement benefit

Form and instructions

What is the wig reimbursement benefit?

The wig reimbursement benefit is available to members with hair loss as a result of chemotherapy. If you qualify, you can be reimbursed for up to \$350 annual allowance of the cost for a wig. This benefit is included in all Mass General Brigham Advantage plans.

You have until March 31 of the following year to submit your wig reimbursement benefit form.

How do I request reimbursement for my wig benefit?

Once you purchase your wig, if your 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 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: Medicare Advantage claims
399 Revolution Drive, Suite 850
Somerville MA 02145

You can also fax your request form to **617-526-1905**.

You will not get confirmation of your request. Please allow 30-45 days for processing.

Submit on our member portal

The most convenient way to request your reimbursement is on Member.MGBHP.org

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

Please allow 30-45 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

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 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 Evidence of Coverage.

MASS GENERAL BRIGHAM HEALTH PLAN MEMBER'S SIGNATURE DATE