

## Massage Therapy Claim Form

### What is this form for?

This form has been created to help you submit claims for massage therapy services provided by massage therapists. State regulations vary with regard to licensure and/or certification. If a formal massage therapy license is not required in your state of residence (in California, for example), the massage therapist must still have satisfied the credentialing/certification process (education/exam/background check) for the services to be eligible under the VMware plan.

This form is for massage therapy only, and cannot be used to submit other types of claims. The VMware medical plan (administered by UnitedHealthcare) requires that you pay your massage therapist, and then file a claim so appropriate amounts are credited toward your deductible and out-of-pocket maximum; and/or, for you to receive reimbursement if your deductible has already been met.

### To ensure faster processing of your claim, be sure to do the following:

Use black or blue ink and print clearly and legibly. Complete all of the applicable fields on the form. Ask your provider for their Massage Therapy license or certificate number, or have them fill that out for you. Be sure to submit a separate form for each claim, and to attach your receipt as proof of payment and services rendered.

### What happens next?

Once you have completed the form, email a copy of your claim form and receipts reflecting proof of payment and services rendered to [vmwaresupport@uhc.com](mailto:vmwaresupport@uhc.com). This email box has been established by UnitedHealthcare, and your information will be held in strict confidence. This box has been set up to help facilitate processing for this specialized claim form and benefit provision. If you submit your claims via other methods, it may result in claim payment delays.

### FSA and HSA Reimbursements:

After UnitedHealthcare processes your claim, they will send you an Explanation of Benefits (EOB). The EOB will explain the charges applied to your plan deductible and out-of-pocket maximum. You also may review your EOB information online at [myuhc.com](http://myuhc.com).

The EOB may not be enough to claim reimbursement from your Flexible Spending Account (FSA). The IRS imposes an additional requirement referred to as a Letter of Medical Necessity (LMN). This requirement can be met as simply as a letter (or prescription) from your doctor that they provide you each year.

If you are seeking reimbursement from your HSA, you will not need this LMN because the IRS assigns responsibility to you, the member, rather than the HSA administrator for retaining this information. However, having a prescription from your doctor that you hold on file for your own tax records is recommended.

**VMware, Inc.**  
**Massage Therapy Claim Reimbursement Form**

**Member ID (from Health Plan ID card, can be up to 11 digits).**

**Group Number: 915259**

Member ID: \_\_\_\_\_

**Patient Information.**

Name (Last, First, MI): \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Home Address: \_\_\_\_\_

Gender: M  F

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

New Address: Yes  No

Phone # (include Area Code): \_\_\_\_\_

Relationship to Subscriber:

Subscriber  Child

Spouse/Partner  Other Dependent

**Employee Information. (Complete this information only if it is different than the patient information.)**

Employee Name (Last, First, MI): \_\_\_\_\_

Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Check if New Address:

**Provider Information. (This information is required to process the claim.)**

Massage Therapist Name: \_\_\_\_\_

Therapist Address: \_\_\_\_\_

Massage Therapist License or Certification Number (as stated on license or certificate): \_\_\_\_\_

Number of pages with copies/receipts attached: \_\_\_\_\_

Total Amount Submitted For Reimbursement: \$ \_\_\_\_\_ Date of Service: \_\_\_\_\_

Coverage Code (check one):

97124 (Standard) **or**  97140 (manual techniques) **or**  97010 (Hot/Cold Packs) **or**  97112 (neuromuscular re-education)

*By signing below, I am stating that the information above is correct. Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information, may be guilty of a criminal act punishable under law and may be subject to civil penalties.*

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**INSTRUCTIONS:**

Please email a copy of your claim form and receipts reflecting proof of payment and services rendered to [vmwaresupport@uhc.com](mailto:vmwaresupport@uhc.com). (Plan allows 20 visits per calendar year; deductible and coinsurance applies.)

**INTERNAL USE ONLY**  
**FOR PROCESSING USE: ICD-10 M54.5, Place of Service (POS) is "AT", TIN: 0-690000010**

### Packaged Massage Therapy Services

A service must have been rendered before it can be considered for reimbursement under the VMware health plan. This form will help you submit the claims for massage therapy services that you may have ***purchased as a multi-visit/service package from your massage therapist.***

Each time you use one of the visits, completed one line of the chart below, have your therapist initial the form, and submit with the completed VMware Massage Therapy claim form. The Total Charge, or the value of the service rendered is the total amount you paid for the package divided by the number of visits your therapist agreed to include as part of the package. If your therapist charges taxes/surcharges, please include these costs into the total package cost before you calculate the value for each visit.

**This form is to be used only for multi-visit packages.** If you are purchasing services one visit at a time, a receipt for each visit must be submitted with the claim form. You do not need to wait until you've used all of the services in the package before submitting for reimbursement. You can submit this form as the services are rendered.

Date of Service	Service Provided*	Diagnosis	Total Charge	Provider Initials for proof of service rendered
		M54.5		
		M54.5		
		M54.5		
		M54.5		
		M54.5		
		M54.5		
		M54.5		
		M54.5		
		M54.5		
		M54.5		

*\*Available Service Codes: 97124 (Standard), 97140 (manual techniques), 97010 (Hot/Cold Packs), or 97112 (neuromuscular re-education). Service code must match the claim form submitted with this receipt.*