

Claim Form: Laser Hair Removal & Electrolysis and Voice Therapy & Lessons (Gender Dysphoria diagnosis required.)

What is this form for?

This Claim Form can be used only when services are rendered by out-of-network providers for laser hair removal & electrolysis and voice therapy & lessons. It cannot be used for other services. This form was created to help you submit claims for services rendered by providers that may be unfamiliar with insurance claim processes. These providers will require you to pay for services, and then you must 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. **If your provider agrees to accept payment directly from UnitedHealthcare, or they are a Network provider, they must use the standard claim processes (not this form).**

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 license/certification 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. 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.

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.

Even though these services are eligible for reimbursement under the VMware medical plan, the IRS might not consider all hair removal and voice therapy sessions as eligible services for reimbursement under the tax preferred FSA and HSA programs.

Group Number: 915259

Hair Removal or Voice Therapy Claim Reimbursement Form

Member ID (from Health Plan ID card, can be up to 11 digits) : _____

Patient Information.

Name (Last, First, MI): _____

Date of Birth: ____ / ____ / _____

Home Address: _____

Gender: M F

City: _____ State _____ Zip: _____

Relationship:

Phone # (include Area Code): _____

Subscriber Child

Spouse/Partner Other Dependent

Check if New Address:

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.)

Service Provided (Check One): Laser Hair Removal Electrolysis Voice Therapy or Lessons

Provider Name: _____

Address: _____

Number of pages with copies/receipts attached: _____ Total Amount Submitted For Reimbursement: \$ _____

Date of Service: _____

License Number (as stated on license or certificate): _____

Coverage Code (check just one):

If for Hair Removal: 17380 (Standard) **or** 17999

If for Voice Therapy/Lessons: 92507 (Standard) **or** 92508

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.

Packaged Services - Proof of payment

Packaged Electrolysis/Laser Hair Removal 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 electrolysis/laser hair removal services that you may have ***purchased as a multi-visit/service package from your provider.***

Each time you use one of the visits just note the date of service below, indicate the value of the charge for the service rendered, have your provider initial the form, and submit with the completed VMware Laser Hair Removal & Electrolysis claim form. The value of the service rendered is the total amount you paid for the package divided by the number of visits your provider agreed to include as part of the package. If the package included an unlimited number of visits, your provider must give you the service 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.

Date of Service	Service Provided	Diagnosis	Total Charge	Provider Initials (indicating proof of service rendered)
	17380	F64.0		
	17380	F64.0		
	17380	F64.0		
	17380	F64.0		
	17380	F64.0		
	17380	F64.0		
	17380	F64.0		
	17380	F64.0		

INTERNAL USE ONLY

FOR PROCESSING USE:

For Laser Hair Remove or Electrolysis: ICD-10 F64.0, Place of Service (POS) is "HS", TIN: 0-690000010

For Voice Therapy/Lessons: ICD-10 F64.0, Place of Service (POS) is "HS", TIN: 0-690000010