

Unique Services Reimbursement Form - PresSolo

Questions? Call (505) 923-6980 or 1-800-923-6980; **Faxes NOT Accepted**

Mail to: Presbyterian Insurance Company, Inc.

PO Box 26267, Albuquerque, NM 87125-6267

Attention: Claims - Unique Services Reimbursement

Employee Name	Member Number	Work Telephone
Mailing Address: Street, City, State, ZIP		Home Telephone

Please follow these instructions:

- Complete and return this Reimbursement Form each time you submit eligible expenses under the Unique Services Reimbursement Program (USRP).
- Attach original itemized receipts. **Tape small receipts to 8 ½ X 11” paper.**
- Attach appropriate documentation and sign the Form. Incomplete forms and requests submitted on the wrong form will be returned to the submitter.
- Return the original Unique Services Reimbursement Form with the original signature. Keep a copy of the form and all supporting documentation.
- In order to avoid any delays, please follow the guidelines on the back of this Form.** Once received, reimbursement requests will be processed within **30-45 days**.

We will adjust the reimbursements if any part of a receipt cannot be processed for any reason.

Employee or Dependent Name	Member ID	Date of Service	Type of Service	Amount
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
Total of all USRP requests:				\$

I certify that these expenses for which reimbursements were claimed from my account have been incurred by me and/or my eligible dependents.

Signature of Employee

Date

Filing a Unique Services Reimbursement Request Form for PresSolo

Guidelines: Below is a list of eligible expenses. Please use this list to help you avoid delays in processing your Unique Service Reimbursement Request.

Reimbursable

Expenses: Please select the type of reimbursement you are requesting.

- Ambulance Services Cost.** Co-insurance, ambulance services not covered by the ambulance services benefits
- Mileage Reimbursement.** For office visits (non-specialist and specialist)
- Wellness Education.** Smoking cessation, weight loss program membership fees*, stress management and yoga classes (above and beyond those services covered in the benefit portion of this plan)
- Gym Membership***
- Expenses due to Medical Travel** (food and travel)
- Prescription Drug Costs.** Copayments, prescriptions not covered by the prescription drug benefits, delivery charges for home delivered prescriptions
- Disease Management Classes.*** Above and beyond those services covered by the benefit portion of this plan

* If recommended by a Physician to treat a specific medical condition. A note or prescription from the Provider and the Unique Reimbursement Form must be submitted.