

**Member Direct Reimbursement Form**  
**Acupuncture and Massage Therapy**



**Kansas City**

***Instructions***

Please complete one form per healthcare provider. Complete only those sections of this form that apply to you. Upon completion of the form, please sign and date. **Attach a copy of your payment verification receipt(s).** If you have further questions, you may contact Blue Medicare Advantage Customer Service. The telephone number and mailing address are listed on the last page of this form. Thank you.

***Member Information***

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Blue Medicare Advantage Member ID \_\_\_\_\_

Phone Number \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

***Provider Information***

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Provider TIN \_\_\_\_\_

Phone Number \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

***Services and/or Supplies for Which Payment is Requested***

CPT CODE	DIAGNOSIS CODE	SERVICE DESCRIPTION (ACUPUNCTURE OR MASSAGE)	PROVIDER CHARGES	MEMBER AMOUNT PAID

<b>Please email, mail or fax this form and proof of payment (receipt) to ASH at:</b>		Blue Medicare Advantage Customer Service team is available to assist you 7 days a week, 8 a.m. to 8 p.m. at 1-866-508-7140. TTY users should call the National Relay Service at 711. You may reach a messaging service on weekends and holidays from April 1 through September 30. Please leave a message, and your call will be returned the next business day.		
<b>Mailing address:</b>				
<b>PO Box 509140</b>				
<b>San Diego, CA 92150</b>				
<b>Fax at 877-404-2746</b>				
<b>Email at <a href="mailto:appeal@ashn.com">appeal@ashn.com</a></b>				

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