

Larimer County

Massage Therapy and/or Acupuncture REQUEST FOR REIMBURSEMENT FORM

Plan Member Info

Patient Name & Member ID #: _____

Plan Member Address: _____

Area of Lifestyle Management

Please indicate which area of lifestyle management you are requesting reimbursement for:

- Therapeutic Massage Therapy – Licensed or Certified Massage Therapist. CPT Code: 97124
(Rolfing, Rossiter, Physical Therapy, and other services are excluded)
- Acupuncture – Licensed or Certified Acupuncturist (Pick one below)
 - 97810**: Acupuncture, one or more needles, without electrical stimulation, initial 15 minutes of personal one-on-one contact.
 - 97811**: Acupuncture, each additional 15 minutes, without electrical stimulation, with re-insertion of needles
 - 97813**: Acupuncture, one or more needles, with electrical stimulation, initial 15 minutes of personal one-on-one contact.
 - 97814**: Acupuncture, each additional 15 minutes, with electrical stimulation, with re-insertion of needles

Reimbursement Request to be paid to the member:

Total Cost of Services \$ _____

Total Reimbursement Requested **After Copay**: \$ _____

Note: Reimbursement will be for the full amount minus \$25 copay - Gratuities are not reimbursable charges – Reimbursement requests must be submitted within 12 months from the date of service.

Provider Name (please print) _____

Provider Designation (please print) _____ TIN # _____

NPI: _____ (if not available use: 2026011501445 for Massage Therapist; or 2026011501456 for Acupuncture)

Please provide:

1. Itemized receipts from provider for services must be submitted with this form.
2. This form, completed in full, and signed by Medical Plan Member.
3. Section above completed by provider of service. *License number and first and last name of individual provider is required. Provider must have active license/certification.*

REIMBURSEMENT SUBMITTAL PROCESS: Submit form and receipt on the Surest Site.

Member Signature

Date