



Montana University System Authorized Claim

Take Control Receipt Submission Instructions and Form

Today's Date _____ Name: _____

Birth Date: _____ Health Plan Member ID: _____

Address: _____

Email Address: _____

Once your claim has processed, you will receive a reimbursement check from BCBSMT, which will be attached to an EOB (Explanation of Benefits).

Instructions:

1. All reimbursable items must be pre-authorized by a Take Control Health Coach.
2. Check the box(es) to indicate the type(s) of reimbursement(s) for this claim submission:

Pre-Authorization Request: (All providers must be In-Network)	Reimbursement Request: (Receipts required)
Medical Office Visit Date: _____ Provider Name: _____ 3 Additional Counseling Visits <small>(Submit after first 3-4 MUS \$0 copay visits are used.)</small> Provider Name: _____ Sleep Study Date: _____ Provider Name: _____ Post-Partum PT Date: _____ Provider Name: _____	Fitness Membership or Class For those enrolled in Take Control prior to 7/1/21, up to \$35/month. Reimbursement is available through 6/30/22, or within 24 months after enrollment date, whichever comes first; claims <u>must</u> be received by 7/31/22. Personal Trainer For those enrolled in Take Control prior to 7/1/21, up to \$200 (must be used within first year of enrollment in Take Control). Reimbursement is available through 6/30/22; claims <u>must</u> be received by 7/31/22. * Online fitness classes/personal training are not reimbursable.

3. For any check marks in the Reimbursement Request column above, list the items below and attach receipt(s):

Receipt Name	Date	Description of Reimbursement	\$ Amount*	Circle item on receipt <input type="checkbox"/>
Claim Total: \$				

*Enter the dollar amount allowed. For example, if your gym costs \$55/month for an individual membership, you are allowed \$35/month, so multiply \$35 x 6 months, and enter the amount of \$210.

Benefits are subject to change without prior notice.

4. Submit to Kelley Shields @ MUS Benefits - via fax #: 406-449-9170,
email: kshields@montana.edu, or via mail: PO Box 203203, Helena, MT 59620