

DIABETES PREVENTION PROGRAM REIMBURSEMENT

For Total Choice, PLUS, and Community Choice members

What is the diabetes prevention program?

You can get reimbursed **up to \$500** when you complete 20 or more sessions in a **diabetes prevention program**. UniCare will reimburse members one time when you send us proof that you have completed a diabetes prevention program **approved by the Massachusetts Department of Public Health** or **offered through the YMCA** in other states.

Which programs qualify?

To be eligible for this reimbursement, you must complete a diabetes prevention program listed on the www.mass.gov website. For a list of programs and their locations, go to:

www.mass.gov/service-details/dpp-programs-in-massachusetts

Outside of Massachusetts, look for a program at a nearby YMCA:

www.ymca.net/diabetes-prevention/locate-participating-y

What information do I need to provide?

1. A completed copy of the **Diabetes Prevention Program Reimbursement form**
2. A **statement from a program representative** showing that you have paid for and completed at least 20 sessions in the program. This statement must be on program letterhead and have an authorized signature.
3. **Proof of payment**, which can be any of the following:
 - An itemized receipt from the program that details what you paid
 - A credit card statement or receipt
 - Your canceled check

How do I submit my request for reimbursement?

Send the completed reimbursement form, proof of payment and proof of participation to the address shown in the box that appears below the form. If you prefer, you can fax your paperwork to 978-474-5162, or email it to contact.us@anthem.com.

What else do I need to know?

- You must complete at least **20 sessions of the program**.
- Reimbursement is available only **once for each member**.
- **Write your UniCare member ID number** prominently on all receipts and documents that you're sending to UniCare and **keep copies** of all your receipts and documents.
- Call UniCare Member Services at **833-663-4176** if you have any other questions.

Reimbursement form is on the other side >



DIABETES PREVENTION PROGRAM REIMBURSEMENT FORM

For Total Choice, PLUS, and Community Choice members

PART A: About the UniCare enrollee (shown on your UniCare ID card)

Last name	First name	MI	Street address		
UniCare ID number			City	State	ZIP code

PART B: About the UniCare member

Last name	First name	MI	Street address		
Date of birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		City	State	ZIP code

Member's relationship to UniCare enrollee Self Spouse Child Other (please specify)

PART C: About the diabetes prevention program

Program name and/or location		Street address			
Program start and end dates		City	State	ZIP code	
Amount of reimbursement requested \$		Total cost of program \$			

I hereby acknowledge that the information I have provided on this form is correct and complete to the best of my knowledge.

Signature _____ Date _____

Write your member ID on all paperwork.
Send this form with your proofs of payment and participation to:

**UniCare State Indemnity Plan
Diabetes Prevention Program Reimbursement
PO Box 9016
Andover, MA 01810-0916**

You can also fax your paperwork to 978-474-5162 or
email it to contact.us@anthem.com.

See back of this form for complete instructions.