**Co-payment Reimbursement Procedure**

From the 2012-2014 GEO/University Agreement;

ARTICLE 35 - Health Fees

…

E. No individual graduate student employee shall make, for themselves if they are choosing the individual health plan, or for themselves and their families if they are choosing the family health plan, co-payments (as described in Appendix A) in any year (from the beginning of the summer session through the end of the following spring session) in excess of $250.00.
…

1. To request co-payment reimbursement you will need to present documentation from the health care facility/pharmacy reflecting the service rendered, date of purchase and cost.

To verify that you have paid more than $250, review your benefits statement and/or personal claims status by logging on to Consolidated Health Plans’ “Claim View Access.” Start at the UHS web page:

<http://www.umass.edu/uhs/insurance/ship/>

and follow the link to [Consolidated Health Plans](https://consolidatedhealthplan.com/members/member_home_page?groupID=100106) and then to [Claim View Access](https://consolidatedhealthplan.com/members/chps_exclusive_claim_view_access)

If you are having problems logging in, you can call Consolidated Health Plans’ Customer Service for UMass-Amherst at: (877) 657-5027

1. If you have exceeded the $250 in co-payments:
	1. Fill out a GEO co-pay reimbursement form and a [W-9](http://www.irs.gov/pub/irs-pdf/fw9.pdf) form (both available at UHS or in the GEO office).
	2. Present proof of purchase, which includes a statement from the facility/pharmacy reflecting the prescription(s), date(s) of purchase and the cost.
	3. Present proof of payment, which can be either a cancelled check or credit card statement or a paid receipt from the facility/pharmacy (reprinted receipts are acceptable).

All the above documentation must be submitted to University Health Services, Financial Services Division – Room 369C.

Please contact the GEO office if you have any questions about the procedure or the forms and documentation required.

**Co-payment Reimbursement Form**

Please indicate how you wish to receive your reimbursement check:

( ) Send the check to the address below.

( ) I will pick up my check at UHS, Room 369C.

Printed Name: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_