



AON Hewitt Health Exchange: Reimbursement Form for Cranial Prosthesis

This claim form is used to request reimbursement of cranial prosthesis (wig or hairpiece) subject to the terms and conditions of your policy.

Part 1: Member Information

1. Complete ALL information. Your Member Number can be located on your member ID card.
2. Submit claims within the benefit period specified by your Benefit plan. For questions about your filing period please review your Member Certificate or call the Customer Care number on your member ID card.

First Name	Last Name	MI
Telephone Number ()	Date of Birth	
Group Number	Member Number	
Mailing Address		
City	State	ZIP Code
Member Signature		Date Signed

Part 2: Receipt Information

1. Include original itemized receipt(s); Cash Register Receipt(s) without detail will not be accepted.
2. Tape the original receipt(s) to bottom of this page. Please DO NOT attach to this form.
3. An incomplete form may be denied, delayed, or returned.
4. Receipts will not be returned. Remember to keep a copy of the completed reimbursement form and receipt(s) for your records.

Mail this form along with receipt(s) to:

Dean Health Plan
 Operations Division – Claims
 P.O. Box 56099
 Madison, WI 53705

Please allow 6-8 weeks to receive your reimbursement

Part 3: Internal use only

Procedure code: A9282	Dx code: R69
-----------------------	--------------