

# WIN Reimbursement Form

*Please check all applicable services:*

- Acupuncture Services \_\_\_\_\_  
license # \_\_\_\_\_
- Massage Therapy \_\_\_\_\_  
license # \_\_\_\_\_
- Prolotherapy \_\_\_\_\_  
license # \_\_\_\_\_
- Healthy Food Focus
- Weight Management Programs
- Health & First Aid
- Fitness \_\_\_\_\_  
Class Instructor Signature (required) \_\_\_\_\_
- Dean Health System Weight Management

## REMEMBER!

- ▶ Only one member per form.
- ▶ A license number for services that specify.
- ▶ Signature of completion for fitness class reimbursement.
- ▶ Attach your receipt(s).

Complete this form and mail it in with receipts to:

Dean Health Plan  
Attn: WIN  
P.O. Box 56099  
Madison, WI  
53705-9399



**WELLNESS  
INCENTIVES  
NOW!**

**1** \_\_\_\_\_  
description of service

\_\_\_\_\_ \$ \_\_\_\_\_  
date of service amount

**2** \_\_\_\_\_  
description of service

\_\_\_\_\_ \$ \_\_\_\_\_  
date of service amount

**3** \_\_\_\_\_  
description of service

\_\_\_\_\_ \$ \_\_\_\_\_  
date of service amount

name of member receiving service		
member number (9 digit number located on your ID card)		
group number	date of birth	
street address		
city	state	zip

Services must be obtained in current calendar year. **All reimbursement forms for services received this year must be postmarked by December 31<sup>st</sup>.** Please include the required documentation for each eligible service. Reimbursement for services can take up to 30 days from the date your form is received by Dean Health Plan. Call the Customer Service Department at (800) 279-1301 if you have any questions.