



Wig (Hair Piece)  
Physician Certification Form

Patient: \_\_\_\_\_

Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Active and Retired Participants and their eligible dependents enrolled in the MPIHP/Anthem Blue Cross Plan who have undergone chemotherapy, radiation therapy to the head or another medical condition of the scalp, are eligible for reimbursement for one wig/hair piece costing up to \$240 per lifetime. The physician-executed certification form attesting to the fact that the prescribed wig is essential to the patient's mental health, a patient-completed claim form, and the receipt for the wig/hair piece should all be submitted to the local Anthem Blue Cross Health Plan office.

Further, provided the circumstances noted above are still applicable, if the eligible dependent is age 16 or under, the Plan will recognize wigs/hair pieces as eligible for reimbursement for two (2) wigs, up to \$240 per wig/hair piece, for a total of \$480 per lifetime.

**Physician Certification**

The above patient has \_\_\_\_\_ (diagnosis), and has undergone therapy causing hair loss. A wig is essential to this patient's mental health.

Physician's Name: \_\_\_\_\_ License#: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date:

rev.M/R FORMS/CERT/WIGS 10/14