

COMMUNITY HEALTH EDUCATION REIMBURSEMENT FORM



		<p>3. Member's Identification Number as shown on ID card. Please include the 3-letter prefix.</p> <p style="text-align: center;">Group # (located on your id card): _____</p>															
		<p>6. Subscriber's name (if other than member): _____ (last)</p>															
<p>7. Subscriber's address:</p> <p>Street _____</p> <p>City _____ State _____ Zip _____</p> <p><input type="checkbox"/> Check box if new address Telephone _____</p>																	
<p>8. Participating Vendor:</p> <p>Name _____</p> <p>Street _____</p> <p>City _____ State _____ Zip _____</p>		<p>9. Participating Vendor ID# (please affix sticker):</p> <p style="text-align: center;">#83-9999999-NH-01</p>															
<p>10. Date of Class (Mo./Day/Yr.):</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">From</td> <td style="width: 50%;">To</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>		From	To			<p>11. Place of service:</p> <p style="text-align: center;">OL</p>											
From	To																
		<p>12. Class Name:</p>	<p>13. Diagnosis Code:</p> <p style="text-align: center;">799.89</p>														
		<p>14. Amount paid by Member:</p> <p style="text-align: center;">\$.</p>	<p>16. Instructor/Class leader:</p> <p>Name: _____</p> <p><input type="checkbox"/> Check box if member completed the program (allowed to miss maximum of one class per series)</p>														
<p>17. Type of class: (please check <u>ONLY ONE</u> category)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Smoking Cessation</td> <td style="text-align: center;">S9453</td> </tr> <tr> <td><input type="checkbox"/> Nutrition Education</td> <td style="text-align: center;">S9452</td> </tr> <tr> <td><input type="checkbox"/> Weight Management</td> <td style="text-align: center;">S9449</td> </tr> <tr> <td><input type="checkbox"/> Stress Management</td> <td style="text-align: center;">S9454</td> </tr> <tr> <td><input type="checkbox"/> Physical Activity</td> <td style="text-align: center;">S9451</td> </tr> <tr> <td><input type="checkbox"/> Childbirth Education</td> <td style="text-align: center;">S9442</td> </tr> <tr> <td><input type="checkbox"/> Parenting Education</td> <td style="text-align: center;">S9444</td> </tr> </table>		<input type="checkbox"/> Smoking Cessation	S9453	<input type="checkbox"/> Nutrition Education	S9452	<input type="checkbox"/> Weight Management	S9449	<input type="checkbox"/> Stress Management	S9454	<input type="checkbox"/> Physical Activity	S9451	<input type="checkbox"/> Childbirth Education	S9442	<input type="checkbox"/> Parenting Education	S9444	<p>18. Procedure Code</p>	
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		<p>19. We authorize the release to Anthem Blue Cross and Blue Shield of any information necessary to process this request for reimbursement. We agree to the information written above, and verify that the member completed the program.</p> <p>X _____ (Vendor signature)</p>															
		<p>20. I authorize the release to Anthem Blue Cross and Blue Shield of any information necessary to process this request for reimbursement. I agree to the information written above and verify that I completed the program.</p> <p>X _____ (Member signature)</p>															
<p>21. Date form completed</p>																	

The persons signing this form are advised that the willful entry of false or fraudulent information renders you liable to be withdrawn from this community health education program.

-Thank you -

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Submission Instructions

The Community Health Education Reimbursement Form needs to be completed by the member attending the program. Submit only one form per member per program.

Example: John Doe attended Freedom From Smoking 1/1 - 1/28 = one form
 John Doe attended How to Begin Exercising 1/15 = one form
 Jane Doe attended Freedom From Smoking 1/1 - 1/28 = one form

The Participating Vendor will:

1. Assist the member in filling out the unshaded sections.
2. Collect the member's class fee up-front and record amount paid in section 14.
3. Verify all the information is correct and sign sections 16 and 19.
4. Have member sign sections 16 and 19.

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