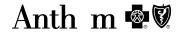
COMMUNITY HEALTH EDUCATION REIMBURSEMENT FORM



						 3. Member's Identification Number as shown on ID card. Please include the 3-letter prefix. Group # (located on your id card): 6. Subscriber's name (if other than member):(last) 			
7. Subscriber's	address:								
Street									
City	ty State Zip								
Check box	if new address	Telephone							
8. Participating	Vendor:				9. Participat	ing Vendor ID# (please affix sticker):			
					_ #83-9999999-NH-01				
City State Zip									
10. Date (Mo./Da		11. Place of ser- vice:	12. Class Name:		1				
From	То	-	13. Diagnosis	14. Amount		16. Instructor/Class leader:			
	10	0L	Code:	paid by Member:		Name:			
			799.89	\$.		Check box if member completed the program (allowed to miss maximum of one class per series)			
17. Type of class: 18. Procedure Complexity (please check ONLY ONE category)		18. Procedure Code	e 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.						
Smoking Cessation		S9453							
Nutrition Education		S9452	x						
U Weight Management		S9449	(Vendor signature)						
Stress Management		S9454							
Physical Activity		S9451	20. I authorize the release to Anthem Blue Cross and Blue Shield of any information necessary to process						
Childbirth Education		S9442	this request for reimbursement. I agree to the information written above and verify that I completed the program.						
Parenting Education		S9444							
21. Date form co	mpleted		x						
			(Member signature)						

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signing this form are advised that the willful entry of false or fraudulent information renders you liable to be withdrawn from this community health education program.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

An independent licensee of the Blue Cross and Blue Shield Association. Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of New Hampshire, Inc. @ Registered marks of the Blue Cross and Blue Shield Association.

0547NH (4/08)

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:

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- 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 m O 2.n

a-l the informati	n r	00	2.n
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