COMMUNITY HEALTH EDUCATION REIMBURSEMENT FORM

Anthem

–IMPORTANT–

Please read and follow the instructions located on the front and back of this form. Complete all unshaded areas of the form by printing clearly with a non-erasable ink pen. This form will be returned to you if it is not complete. Anthem Blue Cross and Blue Shield will send reimbursement to the subscriber when approved. Please expect 6-8 weeks to process once Anthem Blue Cross and Blue Shield receives this form.

1. Member's name: (last) (first) (m.i.)	2. Member's date of birth: Mo. Yr.	3. Member's Identification Number as shown on ID card. Please include the 3-letter prefix.
		____

4. Member's sex: Male ☐ Female ☐	5. Group (Employer) name: Group # (located on your id card): _____
	6. Subscriber's name (if other than member): _____ (last) (first) (m.i.)

7. Subscriber's address:
Street _____
City _____ State_____ Zip_____
☐ Check box if new address Telephone_____

8. Participating Vendor:	9. Participating Vendor ID# (please affix sticker):
Name _____ Street _____ City _____ State____ Zip_____	#83-9999999-NH-01

DO NOT WRITE IN SHADED AREAS

10. Date of Class (Mo./Day/Yr.): From	To	11. Place of service:	12. Class Name:			
		0L	13. Diagnosis Code: 799.89	14. Amount paid by Member: $.	15. Total number of sessions:	16. Instructor/Class leader: Name: _____ ☐ Check box if member completed the program (allowed to miss maximum of one class per series)

17. Type of class: (please check ONLY ONE category)	18. Procedure Code
☐ Smoking Cessation	S9453
☐ Nutrition Education	S9452
☐ Weight Management	S9449
☐ Stress Management	S9454
☐ Physical Activity	S9451
☐ Childbirth Education	S9442
☐ Parenting Education	S9444
21. Date form completed	

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.

X_____
(Vendor signature)

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.

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signing this form are advised that the willful entry of false or fraudulent information renders you liable to be withdrawn from this community health education program.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

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:

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 the member sign section 20 and date section 21.
5. Submit the completed claim form to the address listed below.

For Yoga and Weight Watchers Classes Only, the Member will:

1. Have the instructor record the amount paid in section 14.
2. Have the instructor sign sections 16 and 19 to verify class attendance.
3. Verify all the information is correct, sign section 20 and date section 21.
4. Retain a copy if desired (form will not be returned).
5. Submit the completed claim form within 30 days after program completion to the address listed below.

Claims Submission Address:

Claims Department
Anthem Blue Cross and Blue Shield
PO Box 533North Haven, CT 06473-0533

Member reimbursement will be denied if:

1. The member was not a current or eligible Anthem Blue Cross and Blue Shield member when class was attended, or
2. The member did not complete the program (allowed to miss maximum of one class per series).

This form will be returned if:

1. The form is not completed with the required information.

SPECIAL NOTE: Because Anthem Blue Cross and Blue Shield products vary, members should check with Customer Service to verify their eligibility for this program. The Customer Service phone number is located on the back of the member's ID card.