

Community Health Education Reimbursement Form



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 last name		First name		M.I.	2. Birthdate (MMYYYY)	
3. Member identification number as shown on your ID card – Please include the 3-letter prefix.					4. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
5. Group (Employer) name State of New Hampshire			Group no. (located on your ID card)			
6. Subscriber last name (if other than member)			First name		M.I.	
7. Subscriber street address			City		State	ZIP code
<input type="checkbox"/> Check if new address			Phone no.			
8. Participating vendor name			9. Participating vendor ID no. (please affix sticker) #83-9999999-NH-01			
Vendor street address			City		State	ZIP code
DO NOT WRITE IN SHADED AREAS						
10. Date of class		11. Place of service	12. Class name			
From	To	OL				
(MMDDYYYY)	(MMDDYYYY)					
		799.89	14. Amount paid by member	15. Total number of sessions	16. Instructor/class leader	
			\$		Name: _____ <input type="checkbox"/> Check box if member completed the program (allowed to miss only one session per series)	
17. Type of class – Check only one category		18. Procedure code	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.			
<input type="checkbox"/> Smoking cessation		S9453	X _____ (Participating vendor signature)			
<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				
<input type="checkbox"/> CPR/First aid		S9444				
21. Date form completed (MMDDYYYY)		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.

Submission Instructions

The State of New Hampshire 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, YMCA, American Red Cross 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
P.O. Box 533
North 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 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.