COMMUNITY HEALTH EDUCATION REIMBURSEMENT FORM

Anthem

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 _____ State_____ Zip_____

☐ Check box if new address Telephone_____

8. Participating Vendor:

Name _____

Street _____

City _____ State____ Zip_____

9. Participating Vendor ID# (please affix sticker):

#83-9999999-NH-01

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signing this form are advised that the willful entry of false or fraudulent information renders you liable to be withdrawn from this community health education program.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