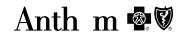
## COMMUNITY HEALTH EDUCATION REIMBURSEMENT FORM



							nber's Identification Number as shown on ID card. se include the 3-letter prefix.	
	ı				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:  9. Participating Vendor ID# (please affix sticker):								
. •								
							AUL 04	
			""		#83-99	#83-999999-NH-01		
City			State Zip					
10. Date (Mo./Da		11. Place of service:	12. Class Name:					
From	То	01	13. Diagnosis	14. Amount paid by			16. Instructor/Class leader:	
		0L	Code: 799.89	Member:			Name:	
				\$.			☐ Check box if member completed the program (allowed to miss maximum of one class per series)	
17. Type of class: 18. Proc (please check <u>ONLY ONE</u> 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.					
☐ Smoking Cessation		S9453	x					
☐ Nutrition Education		S9452						
☐ 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 this request for reimbursement. I agree to the information written above and verify that I completed the program.					
Childbirth Education		S9442						
Parenting Education \$9444								
21. Date form completed			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signing this form are advised that the willful entry of false or fraudulent information renders you liable to be withdrawn from this community health education program.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 -

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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 m O 2.n

3 a-1 the informati n r OO 2.n