



# Health Education Reimbursement Form

For services outside of the Portland Service Area

Providence Health Plans wants you to be healthy and to live well. That’s why we offer member reimbursements for health education classes. Members who live outside of the Portland Service Area may submit this form for reimbursement of discounted services. In order to process your reimbursement, the following applies:

- The class must be sponsored by a hospital that is contracted with Providence Health Plans. Find a contracted facility at **www.providence.org/php/classes**.
- Class payment may be required to be paid in full by the member.
- Providence Health Plans members must have an active member status at the time of class registration.
- Complete this form accurately and submit it to the address below once the course is finished.
- Bill(s) must be suitable for insurance billing purposes. Cash register or credit card receipts are not suitable for insurance billing purposes and will not be accepted for reimbursement.

Please contact Customer Service if you need assistance with health education classes.

**Please note: the submission of this form does not guarantee reimbursement.**

Member Information		
Member name (first, middle initial, last name)	Date of birth	Member identification no.
Mailing address (street, city, state, ZIP) or P.O. Box	Home phone no.	Group no. (or group name)

Please check the appropriate box that applies to the class(es) you are requesting reimbursement for:

**Childbirth Education**

**Weight Management**

**Smoking Cessation**

Class Information		
Class start date	Class completion date	Facility name
Instructor’s signature (at course completion)		Instructor’s name (printed)

**Please mail this completed form with attached copy of your class payment receipt or cancelled check to:**

Providence Health Plans Customer Service  
ATTN: Health Education Classes  
P.O. Box 4327  
Portland, OR 97208-4327

I hereby certify that all information given is correct. I further certify that the class listed above was taken by me at the facility and by the instructor listed.

\_\_\_\_\_  
Member’s signature

\_\_\_\_\_  
Date

<b>Customer Service:</b>	• Portland Metro Area: <b>503-574-7500</b>	• All Other Areas: <b>800-878-4445</b>	• TTY (For the Hearing Impaired): <b>503-574-8702 or 888-244-6642</b>
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<b>For internal Providence Health Plans use only:</b>	
<input type="checkbox"/> Commercial/ASO Acct# 63257801-761626-6100	<input type="checkbox"/> Medicare Advantage Plans Acct# 63257801-761626-6300
<input type="checkbox"/> Individual Plans Acct# 63257801-761626-6200	<input type="checkbox"/> OHP Acct# 63457801-761626-6700